

**TITLE V BLOCK GRANT APPLICATION**  
**FORMS (2-21)**  
**STATE: MA**  
**APPLICATION YEAR: 2010**

---

- [FORM 2 - MCH BUDGET DETAILS](#)
- [FORM 3 - STATE MCH FUNDING PROFILE](#)
- [FORM 4 - BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED AND SOURCES OF FEDERAL FUNDS](#)
- [FORM 5 - STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES](#)
- [FORM 6 - NUMBER AND PERCENTAGE OF NEWBORN AND OTHERS SCREENED, CASE CONFIRMED, AND TREATED](#)
- [FORM 7 - NUMBER OF INDIVIDUALS SERVED \(UNDUPLICATED\) UNDER TITLE V](#)
- [FORM 8 - DELIVERIES AND INFANTS SERVED BY TITLE V AND ENTITLED TO BENEFITS UNDER TITLE XIX](#)
- [FORM 9 - STATE MCH TOLL-FREE TELEPHONE LINE DATA](#)
- [FORM 10 - TITLE V MATERNAL AND CHILD HEALTH SERVICES BLOCK GRANT STATE PROFILE FOR FY 2004](#)
- [FORM 11 - NATIONAL AND STATE PERFORMANCE MEASURES](#)
- [FORM 12 - NATIONAL AND STATE OUTCOME MEASURES](#)
- [FORM 13 - CHARACTERISTICS DOCUMENTING FAMILY PARTICIPATION IN CHILDREN WITH SPECIAL HEALTH CARE NEEDS](#)
- [FORM 14 - LIST OF MCH PRIORITY NEEDS](#)
- [FORM 15 - TECHNICAL ASSISTANCE \(TA\) REQUEST AND TRACKING](#)
- [FORM 16 - STATE PERFORMANCE/OUTCOME MEASURE DETAIL SHEETS](#)
- [FORM 17 - HEALTH SYSTEM CAPACITY INDICATORS \(01 THROUGH 04,07,08\) - MULTI-YEAR DATA](#)
- [FORM 18](#)
  - [MEDICAID AND NON-MEDICAID COMPARISON](#)
  - [MEDICAID ELIGIBILITY LEVEL \(HSCI 06\)](#)
  - [SCHIP ELIGIBILITY LEVEL \(HSCI 06\)](#)
- [FORM 19](#)
  - [GENERAL MCH DATA CAPACITY \(HSCI 09A\)](#)
  - [ADOLESCENT TOBACCO USE DATA CAPACITY \(HSCI 09B\)](#)
- [FORM 20 - HEALTH STATUS INDICATORS 01-05 - MULTI-YEAR DATA](#)
- [FORM 21](#)
  - [POPULATION DEMOGRAPHICS DATA \(HSI 06\)](#)
  - [LIVE BIRTH DEMOGRAPHICS DATA \(HSI 07\)](#)
  - [INFANT AND CHILDREN MORTALITY DATA \(HSI 08\)](#)
  - [MISCELLANEOUS DEMOGRAPHICS DATA \(HSI 09\)](#)
  - [GEOGRAPHIC LIVING AREA DEMOGRAPHIC DATA \(HSI 10\)](#)
  - [POVERTY LEVEL DEMOGRAPHIC DATA \(HSI 11\)](#)
  - [POVERTY LEVEL FOR CHILDREN DEMOGRAPHICS DATA \(HSI 12\)](#)

**FORM 2**  
**MCH BUDGET DETAILS FOR FY 2010**

[Secs. 504 (d) and 505(a)(3)(4)]

**STATE: MA**

**1. FEDERAL ALLOCATION**

(Item 15a of the Application Face Sheet [SF 424])  
Of the Federal Allocation (1 above), the amount earmarked for:

\$ 11,452,801

A.Preventive and primary care for children:

\$ 3,546,018 ( 30.96%)

B.Children with special health care needs:

\$ 4,080,266 ( 35.63%)

(If either A or B is less than 30%, a waiver request must accompany the application)[Sec. 505(a)(3)]

C.Title V administrative costs:

\$ 1,112,148 ( 9.71%)

(The above figure cannot be more than 10%)[Sec. 504(d)]

**2. UNOBLIGATED BALANCE** (Item 15b of SF 424)

\$ 153,661

**3. STATE MCH FUNDS** (Item 15c of the SF 424)

\$ 51,448,647

**4. LOCAL MCH FUNDS** (Item 15d of SF 424)

\$ 0

**5. OTHER FUNDS** (Item 15e of SF 424)

\$ 0

**6. PROGRAM INCOME** (Item 15f of SF 424)

\$ 0

**7. TOTAL STATE MATCH** (Lines 3 through 6)

(Below is your State's FY 1989 Maintenance of Effort Amount)

\$ 23,499,343

\$ 51,448,647

**8. FEDERAL-STATE TITLE V BLOCK GRANT PARTNERSHIP (SUBTOTAL)**

(Total lines 1 through 6. Same as line 15g of SF 424)

\$ 63,055,109

**9. OTHER FEDERAL FUNDS**

(Funds under the control of the person responsible for the administration of the Title V program)

a. SPRANS: \$ 866,429

b. SSDI: \$ 100,000

c. CISS: \$ 105,000

d. Abstinence Education: \$ 0

e. Healthy Start: \$ 0

f. EMSC: \$ 115,000

g. WIC: \$ 130,152,583

h. AIDS: \$ 1,040,251

i. CDC: \$ 1,886,242

j. Education: \$ 12,206,249

k. Other: \$                     

ACF \$ 725,000

DOJ \$ 449,779

**10. OTHER FEDERAL FUNDS** (SUBTOTAL of all Funds under item 9)

\$ 147,646,533

**11. STATE MCH BUDGET TOTAL**

(Partnership subtotal + Other Federal MCH Funds subtotal)

\$ 210,701,642

## FORM NOTES FOR FORM 2

None

### FIELD LEVEL NOTES

- 1. Section Number:** Form2\_Main  
**Field Name:** FedAlloc  
**Row Name:** Federal Allocation  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Assuming continued funding at FY09 award level.
- 2. Section Number:** Form2\_Main  
**Field Name:** FedAlloc\_Admin  
**Row Name:** Federal Allocation - Title V Administrative costs  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
The Department of Public Health uses the same definitions and procedures for determining "administrative costs" for the MCH Block Grant as it originally applied to the Alcohol and Drug Abuse and Mental Health Services (ADAMHA) Block Grant. Using this definition, no more than 10% of the Commonwealth's federal MCH funds (including both the FY10 estimated allotment and estimated carry-over FY09 federal funds) are budgeted for administrative costs for FY10. This definition has not changed from previous years. This definition of administrative costs includes funds expended for personnel working within the Department's Central Administration (for such functions as contracting and payments for purchase of service, payroll, travel reimbursement; support of legal services, administrative support, and personnel functions) and personnel within BFHN or BCHAP working entirely on fiscal management and operations.  
The amount shown here represents the percentage of the FY10 award budgeted for administrative costs. The amount shown on Form 4, Line I.f., for FY10 Budgeted includes both FY10 funds and FY09 carry-over funds.
- 3. Section Number:** Form2\_Main  
**Field Name:** StateMCHFunds  
**Row Name:** State MCH Funds  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
The following state accounts make up the "Total State Funds" amount of \$51,448,647, based on the state FY10 budget as of 9/15/09. Total state funds for FY10 are significantly below the amounts in our FY09 budget by approximately \$25M and may be reduced further. Approximately half the funds have been transferred to the state Medicaid agency but are still available for the same (EI) services. Some of the other reductions reflect continued cuts taken during FY2009 after our application was filed and others are new for FY10.  
  
Family Health Services (\$4,655,623, down from \$7,001,056 in FY09). This now funds family planning services, with some funds for the MA Birth Defects Monitoring System.  
Early Intervention (\$25,554,904, down from \$42,936,049 in FY09); the drop includes the transfer of \$14.7M to the state Medicaid account as Medicaid will now pay for developmental educator services directly.  
Universal Newborn Hearing Screening (\$71,497, down from \$84,076 in FY09)  
Teen Pregnancy Prevention Challenge Fund (\$0, down from \$500,000 in FY09) (NOTE: All funding in this account is considered part of the Title V federal-state partnership program but all non-earmarked funds (\$3,555,586 in FY09 and \$3,148,327 in FY10) are used as match for federal TANF funding of the FOR Families ISA. There are no earmarks for FY10, so the entire account will be used for TANF match.  
School Health (including school health services & school-based health centers) (\$13,422,121, down from \$17,157,134 in FY09).  
Medicaid ISA for EI Partnership home visiting programs (\$250,000)  
Dental Health (portion) (\$149,832)  
Shaken Baby Syndrome (\$192,988, down from \$350,000 in FY09)  
Catastrophic Illness in Children Relief Fund (\$2,986,584)  
Domestic Violence & Sexual Assault Prev. & Treatment (portion) (\$3,477,586, estimated)  
Suicide Prevention (portion) (\$65,000) – for Regional Poison Control Center  
Portions of other state administrative and information technology accounts (\$622,512, down from \$1,480,247 in FY09) – for personnel costs previously transferred from other MCH partnership state accounts.  
  
Two accounts that are considered part of the Title V federal-state partnership are not included here, as they are used as FMAP match for Medicaid: Pediatric Palliative Care (\$786,444, down from an original \$1M in FY09), and Youth Violence Prevention (\$2,000,000, down from \$3.5M in FY09). Additional funds from the state Early Intervention account and the Catastrophic Illness in Children Trust Fund may also be used for additional TANF match during FY10.  
  
Based on a total FY10 federal MCH budget of \$11,606,462, this breaks out as a budgeted FY10 State Match (\$3 state for every \$4 federal) of \$8,704,847 and Over Match of \$42,743,800.  
Based on a total new FY10 federal MCH award of \$11,452,801 (current estimate), this breaks out as a budgeted FY10 State Match (\$3 state for every \$4 new federal) of \$8,589,601, and Over Match of \$42,859,046.
- 4. Section Number:** Form2\_Main  
**Field Name:** SPRANS  
**Row Name:** Other Federal Funds - SPRANS  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
The total SPRANS category includes the following:  
Universal Newborn Hearing Enhancement (\$300,000)  
Targeted Oral Health Services (\$160,000)  
Oral Health Workforce Development grants (241,429)  
MCHB Social Marketing – Mass. New Parents Initiative (\$165,000; Y2 of 2-year \$500,000 grant)  
These amounts are estimates of FY10 budgets and projects. Our application for \$150,000 of supplemental Newborn Hearing Loss to Follow-up funds has been awarded and is reflected above.
- 5. Section Number:** Form2\_Main  
**Field Name:** SSDI  
**Row Name:** Other Federal Funds - SSDI  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
MCHB Primary Care Systems Development grant (\$100,000).  
Amount of our pending renewal application
- 6. Section Number:** Form2\_Main  
**Field Name:** CISS  
**Row Name:** Other Federal Funds - CISS  
**Column Name:**  
**Year:** 2010

**Field Note:**

The total CISS category includes the following:  
Massachusetts Early Childhood Comprehensive Systems (\$105,000)

**7. Section Number:** Form2\_Main**Field Name:** AbsEducation**Row Name:** Other Federal Funds - Abstinence Education**Column Name:****Year:** 2010**Field Note:**

Massachusetts no longer applies for Abstinence Education funds.

**8. Section Number:** Form2\_Main**Field Name:** EMSC**Row Name:** Other Federal Funds - EMSC**Column Name:****Year:** 2010**Field Note:**

The total EMSC category includes the following:  
EMSC Partnership (\$115,000)

**9. Section Number:** Form2\_Main**Field Name:** WIC**Row Name:** Other Federal Funds - WIC**Column Name:****Year:** 2010**Field Note:**

The amount shown includes both federal and state WIC funding as following:

Federal WIC Funds (\$91,536,061)

State Nutrition Funds (for WIC and Office of Nutrition) (\$11,741,522); \$723,570 in state funding for Growth and Nutrition has been removed as it is now used as Medicaid-related match.

State WIC Infant Formula Rebate Retained Revenue - (\$26,875,000)

State WIC/Nutrition funds have been included because they and the federal funds are fully blended at the state level. The state WIC funds, while not appropriate to include as part of our MCH Partnership funding, are administered by the Bureau and represent a major component of the Commonwealth's overall MCH commitment.

**10. Section Number:** Form2\_Main**Field Name:** AIDS**Row Name:** Other Federal Funds - AIDS**Column Name:****Year:** 2010**Field Note:**

Ryan White Title IV Pediatric AIDS Demonstration (MassCARE) (\$879,806), including \$75,000 of program support one-time funds and \$85,445 in one-time SPNS client data system development funding.

**11. Section Number:** Form2\_Main**Field Name:** CDC**Row Name:** Other Federal Funds - CDC**Column Name:****Year:** 2010**Field Note:**

Total estimated CDC funding related to maternal and child health includes the following:

Birth Defects Research and Prevention (\$1,000,000).

PRAMS (\$175,864)

Residential Fire Injury Prevention (\$145,000)

Childhood Hearing Data System (\$194,579)

PH Injury Surveillance and Prevention (\$116,760)

Mass. Youth Suicide Prevention (\$254,039)

**12. Section Number:** Form2\_Main**Field Name:** Education**Row Name:** Other Federal Funds - Education**Column Name:****Year:** 2010**Field Note:**

Federal education funding includes the following:

Federal P.L. 102-119 Part C of IDEA funds (\$7,346,249)

Federal Part C ARRA funds (one-time) (\$4,800,000)

Federal Education funds for EI Focus Monitoring Training, through ISA from state DOE (\$60,000)

**13. Section Number:** Form2\_Main**Field Name:** OtherFedFundsOtherFund**Row Name:** Other Federal Funds - Other Funds**Column Name:****Year:** 2010**Field Note:**

The Other Federal lines includes the following:

Federal ACF Substance Abuse grant for Substance-Exposed Infants (CAPTA) (\$250,000)

FRESH Start – ACF Federal Abandoned Infants Act grant (\$475,000)

Department of Justice Rural Domestic Violence and Child Victimization grant (\$449,779)

**FORM 3**  
**STATE MCH FUNDING PROFILE**

*[Secs. 505(a) and 506(a)(1-3)]*

**STATE: MA**

	FY 2005		FY 2006		FY 2007	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>1. Federal Allocation</b> <i>(Line1, Form 2)</i>	\$ 12,140,389	\$ 10,907,378	\$ 12,085,938	\$ 11,444,696	\$ 11,523,943	\$ 10,744,565
<b>2. Unobligated Balance</b> <i>(Line2, Form 2)</i>	\$ 931,676	\$ 1,697,284	\$ 1,198,001	\$ 1,024,155	\$ 271,599	\$ 208,538
<b>3. State Funds</b> <i>(Line3, Form 2)</i>	\$ 55,377,970	\$ 54,399,519	\$ 56,278,528	\$ 60,036,507	\$ 64,735,399	\$ 66,283,296
<b>4. Local MCH Funds</b> <i>(Line4, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>5. Other Funds</b> <i>(Line5, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>6. Program Income</b> <i>(Line6, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>7. Subtotal</b> <i>(Line8, Form 2)</i>	\$ 68,450,035	\$ 67,004,181	\$ 69,562,467	\$ 72,505,358	\$ 76,530,941	\$ 77,236,399
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
<b>8. Other Federal Funds</b> <i>(Line10, Form 2)</i>	\$ 116,104,568	\$ 113,770,438	\$ 121,370,315	\$ 119,717,778	\$ 123,953,829	\$ 123,900,000
<b>9. Total</b> <i>(Line11, Form 2)</i>	\$ 184,554,603	\$ 180,774,619	\$ 190,932,782	\$ 192,223,136	\$ 200,484,770	\$ 201,136,399
(STATE MCH BUDGET TOTAL)						

**FORM 3**  
**STATE MCH FUNDING PROFILE**

*[Secs. 505(a) and 506(a)(1-3)]*

**STATE: MA**

	FY 2008		FY 2009		FY 2010	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>1. Federal Allocation</b> <i>(Line1, Form 2)</i>	\$ 11,566,209	\$ 10,886,177	\$ 11,423,430	\$	\$ 11,452,801	\$
<b>2. Unobligated Balance</b> <i>(Line2, Form 2)</i>	\$ 30,472	\$ 821,280	\$ 320,386	\$	\$ 153,661	\$
<b>3. State Funds</b> <i>(Line3, Form 2)</i>	\$ 76,447,594	\$ 77,722,883	\$ 76,266,360	\$	\$ 51,448,647	\$
<b>4. Local MCH Funds</b> <i>(Line4, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$	\$ 0	\$
<b>5. Other Funds</b> <i>(Line5, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$	\$ 0	\$
<b>6. Program Income</b> <i>(Line6, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$	\$ 0	\$
<b>7. Subtotal</b> <i>(Line8, Form 2)</i>	\$ 88,044,275	\$ 89,430,340	\$ 88,010,176	\$ 0	\$ 63,055,109	\$ 0
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
<b>8. Other Federal Funds</b> <i>(Line10, Form 2)</i>	\$ 120,617,569	\$ 134,257,012	\$ 132,462,710	\$	\$ 147,646,533	\$
<b>9. Total</b> <i>(Line11, Form 2)</i>	\$ 208,661,844	\$ 223,687,352	\$ 220,472,886	\$ 0	\$ 210,701,642	\$ 0
(STATE MCH BUDGET TOTAL)						

## FORM NOTES FOR FORM 3

State v. Federal Fiscal Year

Due to the state budget cycle, which structures all of our purchase of service expenditures and readily accessible budget and expenditure accounting information, all amounts shown are for the relevant State Fiscal Year, which runs from July 1 to June 30. (FY08 = July 1, 2007 - June 30, 2008 and FY10 = July 1, 2009 - June 30, 2010). Final expenditures matched to budgeted encumbrances can be obtained only at the end of the accounts payable period for a state fiscal year. This reporting is consistent with budgets presented in previous applications and annual reports.

Contracted Service Amounts

Dollar amounts for purchased services, by program type and vender, are available upon request.

### FIELD LEVEL NOTES

**1. Section Number:** Form3\_Main

**Field Name:** FedAllocExpended

**Row Name:** Federal Allocation

**Column Name:** Expended

**Year:** 2008

**Field Note:**

The allocation amount shown in the Expended Column of \$10,886,177 represents the difference between the total federal funds expended (\$11,707,457) and the amount of carry-forward funds (exclusive of the final FY07 quarterly allotment) available; "older" federal funds are expended before new allocations.

**2. Section Number:** Form3\_Main

**Field Name:** FedAllocExpended

**Row Name:** Federal Allocation

**Column Name:** Expended

**Year:** 2007

**Field Note:**

The allocation amount shown in the Expended Column of \$10,744,565 represents the difference between the total federal funds expended (\$10,953,103) and the amount of carry-forward funds (exclusive of the final FY06 quarterly allotment) available; "older" federal funds are expended before new allocations.

In FY07 federal expenditures (from new and unobligated balance funds combined) were 93% of the FY07 projected budget (a total of \$10,953,103 expended compared with \$11,795,542 budgeted). The differences were due to normal staff turnover, vendors not completely billing out annual contracts, additional cost-sharing with other accounts, and continued transfers of some general support costs to other funding sources (state and federal).

**3. Section Number:** Form3\_Main

**Field Name:** UnobligatedBalanceExpended

**Row Name:** Unobligated Balance

**Column Name:** Expended

**Year:** 2008

**Field Note:**

The FY08 Unobligated Balance expended is higher than the amount originally budgeted. We generally do not fully budget the sum of the new allocations and the carryover from the previous year; therefore the sum of lines 1 and 2 in any Budgeted Column is not the same as "Total Funds Available." The precise amount of carryover cannot be calculated at the time the new budget is prepared, as accounts payable extends for 2 months after the close of the state fiscal year.

Another systematic difference between the Federal Budgeted and Expended Columns is that when showing the budget, the new federal award is shown in full (per instructions) and only the amount of unobligated carry-forward funds necessary to meet our expected program needs is budgeted. However, expenditures are always paid first with the "oldest" federal funds, not the new award. Therefore for expenditures, only the amount of the new grant needed to make all budgeted payments is actually expended. The final federal balance forward for FY08 was \$821,280, whereas only \$30,472 had been budgeted originally.

**4. Section Number:** Form3\_Main

**Field Name:** UnobligatedBalanceExpended

**Row Name:** Unobligated Balance

**Column Name:** Expended

**Year:** 2007

**Field Note:**

The final Unobligated Balance Expended for FY07 is less than the original budget estimate by more than 10%. The reason for this apparent discrepancy is that the original unobligated balance estimate was too high, as it did not fully account for a portion of the MCH Block Grant which is transferred to CDC for direct assistance in the form of an MCH Epidemiologist assigned to Massachusetts. In fact, the two amounts are virtually identical.

**5. Section Number:** Form3\_Main

**Field Name:** StateMCHFundsExpended

**Row Name:** State Funds

**Column Name:** Expended

**Year:** 2008

**Field Note:**

The following state accounts or portions of state accounts make up the total "State Funds Expended" amount of \$77,722,883 (expended amounts are shown in parentheses):

Family Health Services account (\$6,832,873). [Note: This is not the total expenditure for the account, as portions earmarked for non-MCH services are not counted as state MCH match.]

Medicaid ISA for MCH Home Visiting Programs (\$250,000)

Teen Pregnancy Prevention Challenge Fund (\$280,000)

Early Intervention account (\$39,613,461)

Early Intervention retained revenue account (\$5,486,230)

School-Based Health Centers (\$4,169,768)

School Health Services (\$12,055,459)

Dental Health account (partial) (\$254,838)

Newborn Hearing Screening (\$69,247)

Shaken Baby Syndrome account (\$134,680) [New in FY08]

Catastrophic Illness in Children Relief Fund (\$1,819,146)

Sexual Assault Prevention and Survivor Support (\$2,786,206)

Suicide Prevention account (partial – for Poison Control Center) (\$242,446)

Youth Violence Prevention account (\$1,901,073) [New in FY08]

Department of Social Services ISA for Shaken Baby Syndrome (\$22,980)

Portions of other state shared administrative accounts (for all state payroll expenses and for office operations) (\$1,804,475).

Based on FY08 total federal MCH expenditures of \$11,707,457, this breaks out as FY08 State Match (\$3 state for every \$4 federal) expenditures of \$8,780,593 and State Over Match expenditures of \$68,942,290.

**6. Section Number:** Form3\_Main

**Field Name:** StateMCHFundsExpended

**Row Name:** State Funds

**Column Name:** Expended

**Year:** 2007

**Field Note:**

The following state accounts or portions of state accounts make up the total "State Funds Expended" amount of \$66,283,296 (expended amounts are shown in parentheses):

Family Health Services account (\$5,324,994). [Note: This is not the total expenditure for the account, as portions earmarked for non-MCH services are not counted as state MCH match.]

Medicaid ISA for MCH Home Visiting Programs (\$250,000)

Teen Pregnancy Prevention Challenge Fund (\$399,998)

Early Intervention account (\$32,939,216)

Early Intervention retained revenue account (\$4,400,000)

School-Based Health Centers (\$4,162,241)

School Health Services (\$12,071,328)

Dental Health account (partial) (\$196,597)

Newborn Hearing Screening (\$71,953)

Pediatric Palliative Care (\$527,631) [NEW account in FY07]

Catastrophic Illness in Children Relief Fund (\$1,292,183) [Added after FY07 application was submitted; this trust account had not been documented as part of our state match/over match previously although it has existed for some time. It is now included in our Budget and Expenditure reports.]

Sexual Assault Prevention and Survivor Support (\$2,747,431) [ Note: These funds had previously been part of the Family Health Services account; they were moved to a consolidated Domestic Violence/Sexual Assault account in FY07.]

Department of Social Services ISA for Shaken Baby Syndrome (\$24,056) [NEW in FY07]

Portions of other state shared administrative accounts (for all state payroll expenses and for office operations) (\$1,875,668).

Based on FY07 total federal MCH expenditures of \$10,953,103, this breaks out as FY07 State Match (\$3 state for every \$4 federal) expenditures of \$8,214,827 and State Over Match expenditures of \$58,068,469.

7. **Section Number:** Form3\_Main

**Field Name:** OtherFedFundsExpended

**Row Name:** Other Federal Funds

**Column Name:** Expended

**Year:** 2008

**Field Note:**

The significantly higher amount of Other Federal Funds expended than budgeted is due to the initial amount included for Federal WIC funds being approximately \$15M lower than the final amount.



**FORM 4**

**BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)**

[Secs 506(2)(2)(iv)]

**STATE: MA**

	FY 2005		FY 2006		FY 2007	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>I. Federal-State MCH Block Grant Partnership</b>						
a. Pregnant Women	\$ 3,483,251	\$ 3,329,973	\$ 3,571,556	\$ 3,326,252	\$ 3,032,875	\$ 2,737,152
b. Infants < 1 year old	\$ 1,384,958	\$ 1,001,384	\$ 1,303,616	\$ 1,199,170	\$ 800,861	\$ 813,626
c. Children 1 to 22 years old	\$ 18,110,315	\$ 17,917,791	\$ 18,172,827	\$ 18,805,172	\$ 20,373,481	\$ 20,229,188
d. Children with Special Healthcare Needs	\$ 41,572,050	\$ 38,382,102	\$ 39,304,490	\$ 41,759,960	\$ 44,785,977	\$ 46,022,746
e. Others	\$ 2,532,963	\$ 5,242,057	\$ 5,839,136	\$ 6,211,229	\$ 6,332,592	\$ 6,165,178
f. Administration	\$ 1,366,498	\$ 1,130,874	\$ 1,370,842	\$ 1,203,575	\$ 1,205,155	\$ 1,268,509
g. SUBTOTAL	\$ 68,450,035	\$ 67,004,181	\$ 69,562,467	\$ 72,505,358	\$ 76,530,941	\$ 77,236,399
<b>II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).</b>						
a. SPRANS	\$ 1,148,385		\$ 915,000		\$ 515,000	
b. SSDI	\$ 100,000		\$ 100,000		\$ 100,000	
c. CISS	\$ 157,832		\$ 170,447		\$ 140,000	
d. Abstinence Education	\$ 885,814		\$ 727,472		\$ 712,241	
e. Healthy Start	\$ 0		\$ 0		\$ 0	
f. EMSC	\$ 125,000		\$ 100,000		\$ 115,000	
g. WIC	\$ 99,732,710		\$ 104,983,370		\$ 108,643,627	
h. AIDS	\$ 888,348		\$ 888,693		\$ 888,348	
i. CDC	\$ 3,286,012		\$ 3,257,510		\$ 2,991,517	
j. Education	\$ 9,301,049		\$ 9,078,513		\$ 8,933,122	
k. Other						
CAPTA	\$ 0		\$ 0		\$ 250,000	
DOJ	\$ 0		\$ 0		\$ 449,974	
Emerg Preparedness	\$ 0		\$ 0		\$ 200,000	
SAMHSA Block Grant	\$ 15,000		\$ 0		\$ 15,000	
Dept of Justice	\$ 464,418		\$ 899,948		\$ 0	
HRSA - Bioterrorism	\$ 0		\$ 234,362		\$ 0	
Substance Abuse	\$ 0		\$ 15,000		\$ 0	
<b>III. SUBTOTAL</b>	\$ 116,104,568		\$ 121,370,315		\$ 123,953,829	

**FORM 4**

**BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)**

[Secs 506(2)(2)(iv)]

**STATE: MA**

	FY 2008		FY 2009		FY 2010	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>I. Federal-State MCH Block Grant Partnership</b>						
a. Pregnant Women	\$ 3,210,197	\$ 3,036,082	\$ 3,268,887		\$ 2,043,716	
b. Infants < 1 year old	\$ 1,346,665	\$ 1,270,361	\$ 1,348,124		\$ 1,048,845	
c. Children 1 to 22 years old	\$ 23,012,476	\$ 22,690,912	\$ 21,909,330		\$ 19,651,609	
d. Children with Special Healthcare Needs	\$ 52,019,549	\$ 53,960,899	\$ 52,455,583		\$ 33,050,485	
e. Others	\$ 7,153,129	\$ 7,083,961	\$ 7,838,791		\$ 6,092,422	
f. Administration	\$ 1,302,259	\$ 1,388,125	\$ 1,189,461		\$ 1,168,032	
g. SUBTOTAL	\$ 88,044,275	\$ 89,430,340	\$ 88,010,176	\$ 0	\$ 63,055,109	\$ 0
<b>II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).</b>						
a. SPRANS	\$ 911,904		\$ 509,331		\$ 866,429	
b. SSDI	\$ 100,000		\$ 100,000		\$ 100,000	
c. CISS	\$ 140,000		\$ 140,000		\$ 105,000	
d. Abstinence Education	\$ 0		\$ 0		\$ 0	
e. Healthy Start	\$ 0		\$ 0		\$ 0	
f. EMSC	\$ 115,000		\$ 115,000		\$ 115,000	
g. WIC	\$ 106,835,196		\$ 120,518,456		\$ 130,152,583	
h. AIDS	\$ 888,693		\$ 879,806		\$ 1,040,251	
i. CDC	\$ 3,143,237		\$ 2,062,999		\$ 1,886,242	
j. Education	\$ 7,773,230		\$ 7,431,249		\$ 12,206,249	
k. Other						
ACF	\$ 0		\$ 250,000		\$ 725,000	
DOJ	\$ 0		\$ 0		\$ 449,779	
Dept of Justice	\$ 460,309		\$ 455,869		\$ 0	
ACF / CAPTA	\$ 250,000		\$ 0		\$ 0	
<b>III. SUBTOTAL</b>	\$ 120,617,569		\$ 132,462,710		\$ 147,646,533	

**FORM NOTES FOR FORM 4**

It may appear from Form 4 that historically Massachusetts distributes our funding among MCH Population groups in a variable manner from year to year and that certain groups differ from their shares in previous years. This picture is misleading because Form 4 presents the entire MCH Federal-State Partnership budget, which in our case was 88% state funds in FY09 and 83% in FY10. A more detailed picture of our commitment to the MCH Populations may be seen in the tables attached to Part 5, Section B of the Narrative portion of our Application, which present data separately for federal and state funds over several years. State funding streams stabilized and increased substantially from FY07 through initial FY09 levels, with the percentage distribution remaining quite consistent. In FY10, a number of those funding streams are substantially lower due to the state budget crisis. In addition, funds from more accounts are being used as match for other federal funds (such as TANF and FMAP) to maximize the Commonwealth's access to federal funding. These changes in assignment of match do not affect services for the MCH populations, but they disproportionately affect total state Partnership funding for some groups.

Thus for a number of reasons, changes in state funding from year to year may not be felt equally across all of MCH population groups and we are not able to shift funds easily to different MCH population groups or levels of the pyramid from these very categorical accounts.

**FIELD LEVEL NOTES**

None

**FORM 5**  
**STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES**

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

**STATE: MA**

TYPE OF SERVICE	FY 2005		FY 2006		FY 2007	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>I. Direct Health Care Services</b> (Basic Health Services and Health Services for CSHCN.)	\$ 19,230,392	\$ 23,151,824	\$ 23,760,764	\$ 24,780,416	\$ 26,573,580	\$ 27,412,175
<b>II. Enabling Services</b> (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 23,847,802	\$ 17,489,287	\$ 19,193,037	\$ 18,897,307	\$ 20,773,544	\$ 20,365,187
<b>III. Population-Based Services</b> (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 10,683,506	\$ 10,441,993	\$ 11,075,412	\$ 11,724,996	\$ 12,527,168	\$ 12,236,433
<b>IV. Infrastructure Building Services</b> (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 14,688,335	\$ 15,921,077	\$ 15,533,254	\$ 17,102,639	\$ 16,656,649	\$ 17,222,604
<b>V. Federal-State Title V Block Grant Partnership Total</b> (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 68,450,035	\$ 67,004,181	\$ 69,562,467	\$ 72,505,358	\$ 76,530,941	\$ 77,236,399

**FORM 5**  
**STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES**

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

**STATE: MA**

TYPE OF SERVICE	FY 2008		FY 2009		FY 2010	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>I. Direct Health Care Services</b> (Basic Health Services and Health Services for CSHCN.)	\$ 29,516,322	\$ 32,076,682	\$ 30,162,582	\$	\$ 19,132,713	\$
<b>II. Enabling Services</b> (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 21,382,700	\$ 22,260,512	\$ 24,812,843	\$	\$ 19,532,363	\$
<b>III. Population-Based Services</b> (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 16,704,176	\$ 14,676,102	\$ 15,001,462	\$	\$ 9,346,854	\$
<b>IV. Infrastructure Building Services</b> (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 20,441,077	\$ 20,417,044	\$ 18,033,289	\$	\$ 15,043,179	\$
<b>V. Federal-State Title V Block Grant Partnership Total</b> (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 88,044,275	\$ 89,430,340	\$ 88,010,176	\$ 0	\$ 63,055,109	\$ 0

## FORM NOTES FOR FORM 5

It may appear from Form 5 that Massachusetts continues to devote a large proportion of our funding on Direct Health Care Services, rather than shifting toward the Infrastructure Building Services at the "base" of the MCH Pyramid as recommended by MCHB. This picture is misleading, however, because Form 5 presents the entire MCH Federal-State Partnership budget, which in our case was 88% state funds in FY09 and 83% in FY10. The state funds are generally targeted toward direct and enabling services (for example early intervention services for children birth to three). In fact the generous level of state funding over the years has allowed us to increasingly focus our federal MCH dollars on infrastructure building and reduce the level of federal funding for direct and enabling services without reducing services for women, children and families. A more detailed picture of our commitment to the MCH Pyramid may be seen in the tables attached to Part 5, Section B of the Narrative portion of our Application, which present data for federal and state funds separately over several years. A comparison of Form 5 and these tables illustrates that much of the year to year variation in the relative distribution of funds across the pyramid is due to variations in state funding, which we are not able to control or direct to the same degree as federal funds. For example, between 55% and 68% of federal funds have been allocated to Infrastructure each year and only approximately 6 to 11% to Direct Services (with the trend being less in Direct Services and more in Infrastructure), while 25-40% of state funds have been allocated to Direct Services and only 11 to 17% to Infrastructure. Based on the categorical nature of our state funding stream (and the variable cuts or increases in various accounts from year to year), the impact of state funding is not felt equally across the entire federal MCH pyramid.

### FIELD LEVEL NOTES

**1. Section Number:** Form5\_Main

**Field Name:** PopBasedExpended

**Row Name:** Population-Based Services

**Column Name:** Expended

**Year:** 2008

**Field Note:**

Massachusetts appears to spend relatively less on Population-Based Services than the general shape of the "MCH Pyramid" might suggest. This is due to the fact that most of the Commonwealth's extensive population-based services for the MCH populations are located elsewhere in the Department of Public Health, are not funded with federal Title V funds, and/or are otherwise not under the direction of the state Title V Director. They are thus not included in Form 5. These services and programs include the Massachusetts Immunization Program, the New England Newborn Screening Program, and the Childhood Lead Poisoning Prevention Program. In addition, many population-based programs by their nature tend to be less costly than enabling or direct health care programs serving fewer persons.

The total expended for Population-based services in FY2008 differs by more than 10% (lower) than the amount originally budgeted. The reason for the discrepancy is that all state Early Intervention funds (of over \$40M) were allocated in the original budget with an estimated 25% for population based services. This was an error due to a preliminary program budget that did not distinguish between regular EI services - which include population-based assessment services - and specialty intervention services (including intensive services for children with autism spectrum disorders) that should have been entirely budgeted as enabling and direct services. Thus the original budget had too high a population-based subtotal. The final Expended funds are more accurately distributed across the MCH Pyramid categories. As can be seen in the Total Expended, there was no underspending.

**2. Section Number:** Form5\_Main

**Field Name:** PopBasedExpended

**Row Name:** Population-Based Services

**Column Name:** Expended

**Year:** 2007

**Field Note:**

Massachusetts appears to spend relatively less on Population-Based Services than the general shape of the "MCH Pyramid" might suggest. This is due to the fact that most of the Commonwealth's extensive population-based services for the MCH populations are located elsewhere in the Department of Public Health, are not funded with federal Title V funds, and/or are otherwise not under the direction of the state Title V Director. They are thus not included in Form 5. These services and programs include the Massachusetts Immunization Program, the New England Newborn Screening Program, and the Childhood Lead Poisoning Prevention Program. In addition, many population-based programs by their nature tend to be less costly than enabling or direct health care programs serving fewer persons.

**FORM 6**

**NUMBER AND PERCENTAGE OF NEWBORNS AND OTHERS SCREENED, CASES CONFIRMED, AND TREATED**

*Sect. 506(a)(2)(B)(iii)*

**STATE: MA**

**Total Births by Occurrence:** 77,338

**Reporting Year: 2008**

Type of Screening Tests	(A) Receiving at least one Screen (1)		(B) No. of Presumptive Positive Screens	(C) No. Confirmed Cases (2)	(D) Needing Treatment that Received Treatment (3)	
	No.	%			No.	%
Phenylketonuria	77,338	100	147	6	6	100
Congenital Hypothyroidism	77,338	100	999	65	65	100
Galactosemia	77,338	100	50	1	1	100
Sickle Cell Disease	77,338	100	35	35	34	97.1
<b>Other Screening (Specify)</b>						
Biotinidase Deficiency	77,338	100	13	4	4	100
Congenital Toxoplasmosis	77,338	100	24	3	3	100
Homocystinuria	77,338	100	164	0	0	
Maple Syrup Urine Disease	77,338	100	153	0	0	
21-Hydroxylase Deficient Congenital Adrenal Hyperplasia	77,338	100	634	5	5	100
Medium-Chain Acyl-CoA Dehydrogenase Deficiency	77,338	100	30	1	1	100
Expanded Metabolics panel (Optional)	76,941	99.5	259	24	24	100
Cystic Fibrosis (Optional)	76,927	99.5	340	15	15	100

**Screening Programs for Older Children & Women (Specify Tests by name)**

- (1) Use occurrent births as denominator.  
 (2) Report only those from resident births.  
 (3) Use number of confirmed cases as denominator.

## FORM NOTES FOR FORM 6

Data are from the New England Newborn Screening Program (NENSP) at the University of Massachusetts Medical School. Data are for the calendar year 2008. Every newborn is screened for ten disorders. Every newborn with abnormal results is tracked to a normal result or appropriate clinical care. For this year, the numbers reported were babies from whom at least one specimen card was received by the NENSP indicating (in the birth facility field on the card) that the baby was born in Massachusetts. If the birth facility was not given, then the baby was counted only if the specimen card was a Massachusetts card. For example, if the only specimens received on a baby born in MA were RI cards, and the correct MA birth hospital was not indicated on the card, then the baby would not be counted in these numbers.

In addition to the 10 mandatory tests, optional screening was offered in 2008 for Cystic Fibrosis and for an Extended Panel of 19 disorders: Tyrosinemia I (TYR I), Tyrosinemia II (TYR II), HMG [3-hydroxy-3-methyl glutaric aciduria], Argininosuccinic Acidemia (ASA), Isovaleric Acidemia (IVA), HHH Syndrome, Glutaric Acidemia I (GAI), Glutaric Acidemia II (GA2), Citrullinemia (CIT), Argininemia (ARG), Carnitine palmitoyltransferase deficiency (CPT), Propionic Acidemia (PROP), Methylmalonic Acidemia (MMA),  $\beta$ -Methyl Crotonyl Carboxylase (MCC), LCHAD [long-chain L-3-OH acyl-CoA dehydrogenase deficiency], VLCAD [very-long-chain acyl-CoA dehydrogenase deficiency], SCAD [short-chain acyl-CoA dehydrogenase deficiency], LCAD [long-chain acyl-CoA dehydrogenase deficiency], and  $\beta$ -Ketothiolase Deficiency (BKT). In 2008, 99.5% of parents participated in the voluntary testing.

Only confirmed cases from resident births are reported here.

Amendments to Licensure Regulations Governing the Testing of Newborns for Treatable Diseases (105 CMR 270.000) were developed collaboratively by the DPH Newborn Screening Advisory Committee, DPH Legal Office, NENSP and BFHN. After 2 public hearings and approval by the MA Public Health Council, they were submitted to the Secretary of State for final approval and took effect on February 1, 2009. There are now 30 routine screenings being performed on all newborns in the Commonwealth and screening for these 30 disorders may show information about 23 additional disorders/conditions (by-products of mandatory screening). In addition, there are two optional screenings (pilot studies) that require consent from parents (Severe Combined Immune Deficiency (SCID) and a panel of an additional five metabolic disorders). Next year's Form 6 will report on each of the new mandatory screens individually.

### FIELD LEVEL NOTES

- Section Number:** Form6\_Main  
**Field Name:** BirthOccurrence  
**Row Name:** Total Births By Occurrence  
**Column Name:** Total Births By Occurrence  
**Year:** 2010  
**Field Note:**  
Preliminary estimate. Final Vital Records data on 2008 births are not yet available. There are slight differences between the total number of screens that were recorded as being for "Occurrence Births" and other preliminary estimates on such births in 2008.
- Section Number:** Form6\_Main  
**Field Name:** SickleCellDisease\_OneScreenNo  
**Row Name:** SickleCellDisease  
**Column Name:** Receiving at least one screen  
**Year:** 2010  
**Field Note:**  
Screening is reported here for all sickling diseases. Non-sickling hemoglobinopathies are also reported to the medical home, but are not included in this report because the report format does not call for these disorders.
- Section Number:** Form6\_Main  
**Field Name:** Congenital\_Presumptive  
**Row Name:** Congenital  
**Column Name:** Presumptive positive screens  
**Year:** 2010  
**Field Note:**  
The number of presumptive positives for congenital hypothyroidism may appear quite high in comparison with data from other states. The following explanation should help clarify why.  
  
The NENSP uses a two-tiered testing algorithm for the hypothyroid screen, using both a T4 and a TSH test. The 1,306 presumptive positive screens in Column B represent cases where T4 OR TSH values were out of range for at least one sample. Many of these are in low birth weight NICU babies, a population known to yield elevated results on these tests, and most of whom are not really presumed to have hypothyroidism. Some programs ignore babies who only have "T4 only" out-of-range, and for the purpose of these reports only count babies with elevated TSH as "presumptive" positive. (We have done this in the past ourselves.) In fact some programs do not even follow up on babies who have an out-of-range T4 if there is not also an out-of-range TSH. This practice does run a risk of missing certain babies with hypothyroidism. NENSP follows up by getting additional specimens from any baby who yields an out of range test for "T4 plus TSH", T4 alone, or TSH alone. If it were not for the hypothyroid screen, these babies would not have follow-up samples required; thus to this extent, they are "presumptive" positive until further testing shows otherwise.
- Section Number:** Form6\_Main  
**Field Name:** SickleCellDisease\_Confirmed  
**Row Name:** SickleCellDisease  
**Column Name:** Confirmed Cases  
**Year:** 2010  
**Field Note:**  
The number of presumptive positive screens is the same as the number of confirmed positives for sickling disorders. This may appear to be an error, but the numbers are correct. Unlike most other tests, a presumptive positive sickle cell test generally confirms.
- Section Number:** Form6\_Main  
**Field Name:** SickleCellDisease\_TreatmentNo  
**Row Name:** SickleCellDisease  
**Column Name:** Needing treatment that received treatment  
**Year:** 2010  
**Field Note:**  
One baby with sickling disease is not counted as being under treatment. This baby was lost to follow-up. We believe the family moved back to Haiti but could not track the family and infant to determine if proper follow-up is occurring.
- Section Number:** Form6\_Other Screening Types  
**Field Name:** Other  
**Row Name:** All Rows  
**Column Name:** All Columns  
**Year:** 2010  
**Field Note:**  
In addition to the 10 mandatory tests, optional screening is offered for Cystic Fibrosis and for an Extended Panel of 19 disorders. (See Form-Level note for a listing.) In 2008, 99.5% of parents participated in the optional testing.  
  
The results for 2008 for the optional metabolic panel disorders testing are shown in the last line of the Form. The "# Presumed Positive" is reported combined for these disorders, because some blood analytes may be associated with more than one of these disorders, making the usual statistics misleading. The confirmed and treated disorders in 2008 were as follows:  
  
2 ASA (Argininosuccinic acidemia)  
1 CIT (Citrullinemia)



- 1 CPT II (Carnitine palmitoyltransferase II deficiency)
- 1 GA II (Glutaric Acidemia type II)
- 3 3MCC (3-Methylcrotonyl-CoA carboxylase Deficiency)
- 1 PPA (Propionic acidemia)
- 7 SCAD (Short-chain acyl-CoA dehydrogenase deficiency)
- 2 VLCAD (Very long-chain acyl-CoA dehydrogenase deficiency)

The following disorders are not specifically listed by the Massachusetts regulations, but were detected as by-products of the screening targeted for such specifically listed disorders and are included in the 24 confirmed and treated cases:

- 2 Cbl C (Methylmalonic acidemia: cobalamin C)
- 2 CUD (Carnitine uptake defect)
- 1 HyperMET (Hypermethioninemia)
- 1 IBG (Isobutyryl-CoA dehydrogenase deficiency)

**FORM 7**  
**NUMBER OF INDIVIDUALS SERVED (UNDUPLICATED) UNDER TITLE V**  
**(BY CLASS OF INDIVIDUALS AND PERCENT OF HEALTH COVERAGE)**

[Sec. 506(a)(2)(A)(i-ii)]

**STATE: MA**

Reporting Year: 2008

Types of Individuals Served	TITLE V	PRIMARY SOURCES OF COVERAGE				
	(A) Total Served	(B) Title XIX %	(C) Title XXI %	(D) Private/Other %	(E) None %	(F) Unknown %
Pregnant Women	15,769	56.4	0.0	42.5	1.1	0.0
Infants < 1 year old	15,814	62.0	0.0	18.0	20.0	0.0
Children 1 to 22 years old	251,892	35.2	0.0	32.2	23.4	9.3
Children with Special Healthcare Needs	37,048	37.9	0.0	52.4	7.7	2.0
Others	60,461	0.5	0.0	0.3	99.1	0.0
<b>TOTAL</b>	<b>380,984</b>					

## FORM NOTES FOR FORM 7

Please see the Attachment file for Part IV, Section F of the Narrative ("Other Program Activities"). The second part of that attachment is a Table entitled "Massachusetts Program Service Numbers by MCH Categories, FY08" This table summarizes the numbers of persons served, by MCH population groups, for each of our MCH-related programs. It contains more detail by program and also includes a wide array of infrastructure-building and indirect services activities (e.g. training, technical assistance, outreach) that are not included in Form 7. Where the services are included in Form 7, the totals of persons served are identical.

### FIELD LEVEL NOTES

- 1. Section Number:** Form7\_Main  
**Field Name:** PregWomen\_TS  
**Row Name:** Pregnant Women  
**Column Name:** Title V Total Served  
**Year:** 2010  
**Field Note:**  
This category includes pregnant women served by the following two programs: Perinatal Primary Care (15,393), and EI Partnership Programs (376).
- 2. Section Number:** Form7\_Main  
**Field Name:** PregWomen\_XXI  
**Row Name:** Pregnant Women  
**Column Name:** Title XXI %  
**Year:** 2010  
**Field Note:**  
The Massachusetts SCHIP program has been implemented in large part through expanded MassHealth (Medicaid) eligibility. At the service delivery end (where our data come from on insurance sources for clients served), the distinction between Title XIX and Title XXI cannot be made. All of these clients are included in the Title XIX column.
- 3. Section Number:** Form7\_Main  
**Field Name:** PregWomen\_Private  
**Row Name:** Pregnant Women  
**Column Name:** Private/Other %  
**Year:** 2010  
**Field Note:**  
This category includes substantial numbers of persons with state-funded insurance benefits through the Healthy Start program (for pregnant women).
- 4. Section Number:** Form7\_Main  
**Field Name:** Children\_0\_1\_TS  
**Row Name:** Infants <1 year of age  
**Column Name:** Title V Total Served  
**Year:** 2010  
**Field Note:**  
This category includes Infants (not including infants receiving special health needs services) served by the following programs: Pediatric Primary Care (11,840); Newborn Hearing diagnostic testing where no hearing loss was found (1,329), and Poison Control Center calls (2,645).  
  
The number of infants served is substantially different from the number of occurrence births shown in Form 6 because Title V Partnership funds in Massachusetts do not pay for universal newborn screening (either blood or hearing screening), the typical services that would be considered to reach every newborn. Although the Bureau now reviews all newborn hearing screening results from the Electronic Birth Certificates, we do not consider this to be a "service paid for by Title V" and thus do not report all newborns here. We do report diagnostic follow-up testing – with negative findings reported here and positive findings included in the "Children with Special Health Care Needs" category.  
  
The total number of infants served shown here is less than the total shown on Form 8 for the following reason. In Form 7, all children with special health care needs, regardless of age, are put into the CSHCN population group, and only other infants served ("not otherwise counted") are included in the "Infants" population group. However, a minimum (unduplicated count) of 13,009 infants with special health needs were served in such programs as Early Intervention, Care Coordination, Newborn Hearing Positive Findings Follow-up, and Growth and Nutrition. On Form 8, these infants have been added to the totals for infants served.
- 5. Section Number:** Form7\_Main  
**Field Name:** Children\_0\_1\_XXI  
**Row Name:** Infants <1 year of age  
**Column Name:** Title XXI %  
**Year:** 2010  
**Field Note:**  
The Massachusetts SCHIP program has been implemented in large part through expanded MassHealth (Medicaid) eligibility. At the service delivery end (where our data come from on insurance sources for clients served), the distinction between Title XIX and Title XXI cannot be made. All of these clients are included in the Title XIX column.
- 6. Section Number:** Form7\_Main  
**Field Name:** Children\_0\_1\_None  
**Row Name:** Infants <1 year of age  
**Column Name:** None %  
**Year:** 2010  
**Field Note:**  
The percentage of clients with "No coverage" among infants is misleading. It is made up almost entirely of infants served by the statewide Poison Control Center, a population-based program that does not collect insurance data because the services being provided are not covered by insurance. Most of these infants and their families probably some form of insurance, but we do not have that information.
- 7. Section Number:** Form7\_Main  
**Field Name:** Children\_1\_22\_TS  
**Row Name:** Children 1 to 22 years of age  
**Column Name:** Title V Total Served  
**Year:** 2010  
**Field Note:**  
This category includes children (not counted elsewhere) served by the following programs: Pediatric and Adolescent Primary Care (146,010); Diagnostic Hearing exams (no SHN found) (826), School-Based Health Centers (SBHC) (23,311), Family Planning (under age 20) (12,371); Teen Pregnancy Prevention projects (on-going services) (8,462); Poison Control Center calls (31,652); CLPPP (estimated at 20% of total children screened) (46,109). Total adjusted for estimated doublecount from multiple sources of 16,849.
- 8. Section Number:** Form7\_Main  
**Field Name:** Children\_1\_22\_XXI  
**Row Name:** Children 1 to 22 years of age  
**Column Name:** Title XXI %  
**Year:** 2010  
**Field Note:**  
The Massachusetts SCHIP program has been implemented in large part through expanded MassHealth (Medicaid) eligibility. At the service delivery end (where our data come from on insurance sources for clients served), the distinction between Title XIX and Title XXI cannot be made. All of these clients are included in the Title XIX column.
- 9. Section Number:** Form7\_Main  
**Field Name:** Children\_1\_22\_None

**Row Name:** Children 1 to 22 years of age

**Column Name:** None %

**Year:** 2010

**Field Note:**

The % of children and youth is large for several reasons. First, it includes all adolescents who have received family planning services paid for with state Partnership funds. Some of them are not on Medicaid and do not have other insurance, but to treat adolescents confidentially under state law, insurance status is not requested for adolescents. [Any adolescents covered by Medicaid or private insurance for whom those payers are billed are not included in these numbers.] The % of those children estimated to have no coverage is also a high estimate because the No Coverage category includes all children and youth served by the statewide Poison Control Center (a population-based program) and youth participating in teen pregnancy prevention community-based programs. Neither program collects insurance data because the services being provided are not covered by insurance. Many of these children, youth and their families have some form of insurance, but we do not have that information.

**10. Section Number:** Form7\_Main

**Field Name:** Children\_1\_22\_Unknown

**Row Name:** Children 1 to 22 years of age

**Column Name:** Unknown %

**Year:** 2010

**Field Note:**

The % of those served estimated to have "unknown coverage" is misleadingly high. The detailed data collection system for School-Based Health Centers (by which local programs report to MDPH) was not functional during FY08 and therefore all 23,311 SBHC clients had to be categorized as Unknown insurance status, although insurance status is known at the community-based program level for virtually all of them and is a mix of Medicaid, private, and other state insurance.

**11. Section Number:** Form7\_Main

**Field Name:** CSHCN\_TS

**Row Name:** Children with Special Health Care Needs

**Column Name:** Title V Total Served

**Year:** 2010

**Field Note:**

This category includes children with special health care needs served by the following programs: Early Intervention (including EI specialty and respite services) (32,848); Care Coordination (with and without Family Support; not in EI) (635); Growth and Nutrition Clinics; not also in EI (949); Newborn Hearing Positive Findings Follow-up, not also in EI (173), CLPPP (medical case management) (1,903); and other SHCN services: MASSTART (70), Catastrophic Illness Trust Fund (211), PKU Special Foods (69) and Pediatric Palliative Care program (190). [EI total includes at least 1,452 children also receiving Growth and Nutrition, Newborn Hearing Follow-up, or Care Coordination services; these duplicates have been removed from the total shown.]

**12. Section Number:** Form7\_Main

**Field Name:** CSHCN\_XXI

**Row Name:** Children with Special Health Care Needs

**Column Name:** Title XXI %

**Year:** 2010

**Field Note:**

The Massachusetts SCHIP program has been implemented in large part through expanded MassHealth (Medicaid) eligibility. At the service delivery end (where our data come from on insurance sources for clients served), the distinction between Title XIX and Title XXI cannot be made. All of these clients are included in the Title XIX column.

**13. Section Number:** Form7\_Main

**Field Name:** CSHCN\_None

**Row Name:** Children with Special Health Care Needs

**Column Name:** None %

**Year:** 2010

**Field Note:**

The percent of clients with "no coverage" for the population group "Children with Special Health Care Needs" is explained by the programs covered in the category. The category includes those receiving Lead Poisoning Case Management, Pediatric Palliative Care, and Catastrophic Illness in Children services. Either the services are not covered by insurance or the family has exceeded insurance limits, even though the individuals do have health insurance from some source.

**14. Section Number:** Form7\_Main

**Field Name:** AllOthers\_TS

**Row Name:** Others

**Column Name:** Title V Total Served

**Year:** 2010

**Field Note:**

This category includes persons served by the following programs: Family Planning (age 20 or over) (29,461); EIPP (postpartum women) (528); Teen Pregnancy Prevention projects (on-going, over age 20) (1,491); Poison Control Center calls (adults and unknown age) (26,656); SIDS counseling (215 individuals), and Rape Crisis Center clients (all ages) (2,056).

**15. Section Number:** Form7\_Main

**Field Name:** AllOthers\_None

**Row Name:** Others

**Column Name:** None %

**Year:** 2010

**Field Note:**

The high percent of clients with "no coverage" for the population group "Others" is explained by who is served. Most of those served are adult women who have received family planning services paid for with state Partnership funds. These funds may only be used for persons who are not on Medicaid and do not have other insurance. [The women covered by Medicaid or private insurance that are served by these programs are not included in these numbers.] The category also includes those receiving Poison Center services, SIDS counseling or rape crisis center support. None of these services is covered by insurance, even though the individuals do have health insurance from some source.

**FORM 8**  
**DELIVERIES AND INFANTS SERVED BY TITLE V AND ENTITLED TO BENEFITS UNDER TITLE**  
**XIX**  
**(BY RACE AND ETHNICITY)**  
[SEC. 506(A)(2)(C-D)]  
**STATE: MA**

Reporting Year: 2007

**I. UNDUPLICATED COUNT BY RACE**

	(A) Total All Races	(B) White	(C) Black or African American	(D) American Indian or Native Alaskan	(E) Asian	(F) Native Hawaiian or Other Pacific Islander	(G) More than one race reported	(H) Other and Unknown
<b>DELIVERIES</b>								
Total Deliveries in State	77,934	53,833	6,555	165	5,772	0	0	11,609
Title V Served	15,769	3,458	2,329	18	1,185	0	778	8,001
Eligible for Title XIX	19,790	15,037	3,405	63	1,232	0	0	53
<b>INFANTS</b>								
Total Infants in State	77,670	54,165	6,545	159	5,484	0	0	11,317
Title V Served	27,494	11,144	3,222	58	1,556	0	632	10,882
Eligible for Title XIX	22,179	16,859	3,870	65	1,306	0	0	79

**II. UNDUPLICATED COUNT BY ETHNICITY**

				<b>HISPANIC OR LATINO (Sub-categories by country or area of origin)</b>				
	(A) Total NOT Hispanic or Latino	(B) Total Hispanic or Latino	(C) Ethnicity Not Reported	(B.1) Mexican	(B.2) Cuban	(B.3) Puerto Rican	(B.4) Central and South American	(B.5) Other and Unknown
<b>DELIVERIES</b>								
Total Deliveries in State	65,820	10,861	1,253	513	67	4,717	5,310	254
Title V Served	7,768	5,565	2,436	8	1	61	46	5,449
Eligible for Title XIX	14,711	5,070	9	173	17	2,352	1,223	1,305
<b>INFANTS</b>								
Total Infants in State	65,597	10,696	1,377	490	66	4,591	3,341	2,208
Title V Served	16,612	5,996	4,886	0	0	855	2	5,139
Eligible for Title XIX	15,727	6,431	21	272	18	2,357	2,347	1,437

## FORM NOTES FOR FORM 8

Sources: MDPH 2007 and 2006 Birth Files for deliveries, estimated number of infants, and deliveries eligible for Medicaid (from Birth File source of prenatal care data). Bureau of Family and Community Health, FY08 Program databases for Title V Served estimates (see Form 7).

Title V serves a substantially greater proportion of all minority pregnant women and infants than it does of the total population.

### FIELD LEVEL NOTES

**1. Section Number:** Form8\_I. Unduplicated Count By Race

**Field Name:** DeliveriesTotal\_All

**Row Name:** Total Deliveries in State

**Column Name:** Total All Races

**Year:** 2010

**Field Note:**

Defined as all births in 2007, the most recent data available.

**2. Section Number:** Form8\_I. Unduplicated Count By Race

**Field Name:** DeliveriesTotal\_RaceOther

**Row Name:** Total Deliveries in State

**Column Name:** Other and Unknown

**Year:** 2010

**Field Note:**

"Other & Unknown Race" includes all Hispanics who did not report a race; totals may differ from some published state data which assign them to "White" group.

**3. Section Number:** Form8\_I. Unduplicated Count By Race

**Field Name:** DeliveriesTitleV\_All

**Row Name:** Title V Served

**Column Name:** Total All Races

**Year:** 2010

**Field Note:**

Estimates of deliveries and infants served by Title V can only be reported by combined race/ethnicity categories, as this is how most programs report data to BFCH. Although our categories of American Indian and Asian can reasonably be assumed to be accurate under either categorization, the columns labeled "White" and "Black/African American" generally include only "White, non-Hispanic" and "Black, non-Hispanic" persons respectively. In this section, Hispanic persons are included in Column H with "Other" and "Unknown." Service program data include any Pacific Islander / Native Hawaiian persons in the "Asian" category. Service program data are currently reported with the category of "more than one race" only for MCH primary care services and for EIPP.

**4. Section Number:** Form8\_I. Unduplicated Count By Race

**Field Name:** DeliveriesTitleXIX\_All

**Row Name:** Eligible for Title XIX

**Column Name:** Total All Races

**Year:** 2010

**Field Note:**

Defined as having Medicaid coverage, as measured by data from Birth Certificate on payment source for prenatal care. Excludes births for which source of payment data was missing. Data are for 2007, the most recent available.

**5. Section Number:** Form8\_I. Unduplicated Count By Race

**Field Name:** InfantsTotal\_All

**Row Name:** Total Infants in State

**Column Name:** Total All Races

**Year:** 2010

**Field Note:**

Number of infants is estimated based on 2006 resident births.

The total number of infants in the state reported here is substantially larger than the total of infants served by Title V shown on Form 7 for the following reason. No Title V Partnership funds are used in Massachusetts for newborn bloodspot screening or for newborn hearing screening, the typical services that would be considered to reach every newborn. Although the Bureau now reviews all newborn hearing screening results from the Electronic Birth Certificates, we do not feel comfortable reporting all newborns receiving either newborn screening as having been served with Title V Partnership funds. Infants receiving Newborn Hearing Follow-up based on positive findings are included in Form 7.

**6. Section Number:** Form8\_I. Unduplicated Count By Race

**Field Name:** InfantsTotal\_RaceOther

**Row Name:** Total Infants in State

**Column Name:** Other and Unknown

**Year:** 2010

**Field Note:**

"Other & Unknown Race" includes all Hispanics who did not report a race; totals may differ from some published state data which assign them to "White" group.

**7. Section Number:** Form8\_I. Unduplicated Count By Race

**Field Name:** InfantsTitleV\_All

**Row Name:** Title V Served

**Column Name:** Total All Races

**Year:** 2010

**Field Note:**

The total number of infants served shown here differs from the total shown on Form 7 for the following reason. In Form 7, all children with special health care needs, regardless of age, are put into the CSHCN population group, and only other infants served ("not otherwise counted") are included in the "Infants" population group. However, an unduplicated count of 13,009 infants with special health needs were served in Early Intervention, Care Coordination/Family Support, EIPP, Newborn Hearing Positives Follow-up, and Growth and Nutrition. On Form 8, these infants have been added to the totals for infants served.

Estimates of deliveries and infants served by Title V can only be reported by combined race/ethnicity categories, as this is how most programs report data to BFCH. Although our categories of American Indian and Asian can reasonably be assumed to be accurate under either categorization, the columns labeled "White" and "Black/African American" generally include only "White, non-Hispanic" and "Black, non-Hispanic" persons respectively. In this section, Hispanic persons are included in Column F with "Other" and "Unknown." Service program data include any Pacific Islander / Native Hawaiian persons in the "Asian" category. Service program data are currently reported with the category of "more than one race" only for MCH primary care services.

**8. Section Number:** Form8\_I. Unduplicated Count By Race

**Field Name:** InfantsTitleXIX\_All

**Row Name:** Eligible for Title XIX

**Column Name:** Total All Races

**Year:** 2010

**Field Note:**

Estimated based on source of payment for deliveries in 2006, including Healthy Start, as most of these infants are then eligible for Medicaid. Using this data source enables us to report race/ethnicity detail that is comparable to that used for estimating the total number of infants in the state, although it may underestimate the number of infants eligible for Medicaid to some degree.

**9. Section Number:** Form8\_II. Unduplicated Count by Ethnicity

**Field Name:** DeliveriesTotal\_TotalHispanic

**Row Name:** Total Deliveries in State

**Column Name:** Total Hispanic or Latino

**Year:** 2010

**Field Note:**

All "Hispanic or Latino" persons were included in Column H ("Other and Unknown") of Section I, as data from programs report on race by Hispanic ethnicity combined. Because of the small numbers of persons of Mexican or Cuban origin in the state, these subcategories are usually part of other categories in program databases and are not broken out separately in a consistent manner. In addition, differences among service programs in categorizing areas of origin mean that some of the persons in the "Other and Unknown" column are in fact of Central or South American origin.

**10. Section Number:** Form8\_II. Unduplicated Count by Ethnicity

**Field Name:** InfantsTitleV\_TotalHispanic

**Row Name:** Title V Served

**Column Name:** Total Hispanic or Latino

**Year:** 2010

**Field Note:**

All "Hispanic or Latino" persons were included in Column H ("Other and Unknown") of Section I, as data from programs report on race by Hispanic ethnicity combined. Because of the small numbers of persons of Mexican or Cuban origin in the state, these subcategories are usually part of other categories in program databases and are not broken out separately in a consistent manner. In addition, differences among service programs in categorizing areas of origin mean that some of the persons in the "Other and Unknown" column are in fact of Central or South American origin.

**FORM 9**  
**STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM**  
[SECS. 505(A)(E) AND 509(A)(8)]  
**STATE: MA**

	<b>FY 2010</b>	<b>FY 2009</b>	<b>FY 2008</b>	<b>FY 2007</b>	<b>FY 2006</b>
1. State MCH Toll-Free "Hotline" Telephone Number	(800) 882-1435	(800) 882-1435	(800) 311-2229	(800) 311-2229	(800) 311-2229
2. State MCH Toll-Free "Hotline" Name	Family/Community Support Line	Family/Community Support Line	MCH Resource Line	MCH Resource Line	MCH Resource Line
3. Name of Contact Person for State MCH "Hotline"	Ana Sanchez	Ana Sanchez	Eileen Carranza	Eileen Carranza	Eileen Carranza
4. Contact Person's Telephone Number	(617) 624-5955	(617) 624-5955	(617) 624-5591	(617) 624-5971	(617) 624-5971
5. Contact Person's Email	ana.sanchez@state.ma.u				
6. Number of calls received on the State MCH "Hotline" this reporting period	0	0	1,699	1,473	100

**FORM 9**  
**STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM (OPTIONAL)**  
[SECS. 505(A)(E) AND 509(A)(8)]  
**STATE: MA**

	<b>FY 2010</b>	<b>FY 2009</b>	<b>FY 2008</b>	<b>FY 2007</b>	<b>FY 2006</b>
1. State MCH Toll-Free "Hotline" Telephone Number	(800) 905-8437	(800) 905-8437	(800) 905-8437	(800) 905-8437	(800) 905-8437
2. State MCH Toll-Free "Hotline" Name	Family TIES (Together in Enhancing Support)	Family TIES (Together in Enhancing Support)	Family TIES (Together in Enhancing Support)	Family TIES (Together in Enhancing Support)	Family TIES (Together in Enhancing Support)
3. Name of Contact Person for State MCH "Hotline"	Sara Miranda	Sara Miranda	Sara Miranda	Sara Miranda	Sara Miranda
4. Contact Person's Telephone Number	(617) 236-7210	(617) 236-7210	(617) 236-7210	(617) 236-7210	(617) 236-7210
5. Contact Person's Email					
6. Number of calls received on the State MCH "Hotline" this reporting period	0	0	4,224	3,527	3,200



## FORM NOTES FOR FORM 9

None

### FIELD LEVEL NOTES

**1. Section Number:** Form9\_Main

**Field Name:** hnumber\_2

**Row Name:** State MCH toll-free hotline telephone number

**Column Name:** FY

**Year:** 2010

**Field Note:**

The Family/Community Resource Line (800-882-1435) is staffed by Community Resource Specialists (including bilingual staff) during regular business hours and was initially established for families with CSHCN and providers to improve access to information, referral, family supports, and technical assistance. In FY08, a total of 1,699 calls were recorded, from both parents and providers.

Because we can only change the information shown on Form 9 about the line's name, number, or contact person for FY09, the Form is confusing this year (as it was last year as well). The volume numbers reported for FY07 and FY08 are the newly designated Family/Community Resource Line, not the MCH Resource Line.

The Family/Community Resource Line is now being promoted as a more general resource for families for MCH needs and programs. All staff working on the Family/Community Resource Line will receive additional training to better respond to calls specific to MCH concerns.

The MCH Resource Line (800-311-2229) still exists and is the official transfer number for calls transferred from the national MCHB line; as such, it has received no transferred calls for several years. The number is being used primarily to field calls for the PRAMS (Pregnancy Risk Assessment Monitoring System). Women who have received surveys and have questions, or have received a phone call are able to call into this number to receive additional information about PRAMS, or ask clarifying questions once they receive a survey form. It will continue in this capacity.

It had also served as a contact number for a recent Perinatal Depression grant. However, we have negotiated with the Parental Stress Line to include their number on the brochure we have produced for the Maternal and Infant Mental Health Project, and have been able to train all their volunteer staff in how to answer calls related to perinatal depression.

As MDPH develops emotion-based messages for new parents as part of the social marketing campaign "Massachusetts New Parents Initiative" (MNPI), the MCH 800 number will be added to all materials developed. The MNPI Coordinator will begin to respond to all calls that come through this line.

**2. Section Number:** Form9\_Main

**Field Name:** calls\_2

**Row Name:** Number of calls received On the State MCH Hotline This reporting period

**Column Name:** FY

**Year:** 2008

**Field Note:**

The number of calls reported relate to the Family/Community Resource Line, not the MCH Resource Line. See above note for more information on the change. The number of calls increased by 15% from FY07 to FY08.

**3. Section Number:** Form9\_Optional

**Field Name:** calls\_1

**Row Name:** Number of calls received On the State MCH Hotline This reporting period

**Column Name:** FY

**Year:** 2008

**Field Note:**

This number represents the number of calls from parents and providers to the Family TIES and EI Parent Leadership Project toll-free lines. They are managed through the same vendor (Federation for Children with Special Needs) and support staff. The 4,224 calls in FY08 represent an increase of 20% from FY07). The line continues to also serve as the Central Directory for Early Intervention services and information.

**FORM 10**  
**TITLE V MATERNAL & CHILD HEALTH SERVICES BLOCK GRANT**  
**STATE PROFILE FOR FY 2010**  
[SEC. 506(A)(1)]  
**STATE: MA**

**1. State MCH Administration:**  
*(max 2500 characters)*

The Massachusetts Title V Maternal and Child Health Services Block Grant Program is primarily located within the Bureau of Family Health and Nutrition (BFHN), Massachusetts Department of Public Health. The Bureau Director, Ron Benham is the Title V Director for the Commonwealth. Ron Benham is also the CSHCN Director and Karin Downs is the MCH Director. This Bureau includes Perinatal, Early Childhood, Children with Special Health Needs, WIC, Nutrition, and Early Intervention (Part C., IDEA). After a reorganization within the Department, a number of Title V supported programs are located in our sister Bureau, Community Health Access and Promotion (BCHAP), including family planning services, teen pregnancy prevention programs, school health programs, oral health, injury control and violence prevention programs. BCHAP also includes a number of primary care/health access, wellness, and chronic disease prevention and health promotion programs with which we work closely on cross-cutting health issues. The BFHN actively works to improve and to protect the health and well-being of women, children and families to achieve their optional development and health outcomes. It does this by: providing and expanding family-centered services and accessible systems of care; identifying and responding to the diverse cultural and changing needs of MA communities; partnering within the bureau, with families, communities, and other public and private organizations and groups, advocating for resources to address unmet needs and to assure quality services; developing and implementing policy and innovative programs; monitoring health status and program effectiveness; and motivating and educating the public. The Bureau has established the following priorities: standardize systems to monitor and track progress, with outcomes, targets and milestones specified for all programs, enhance and integrate data systems and use data to inform practice outcomes, identify health disparities and shape programs; target services to reduce health disparities and serve those most in need; monitor, evaluate and manage increase in external demand; focus and align efforts to support systems of care well before, during and after pregnancies; define and set direction for CYSHCN program, and support and enhance collaborations within the bureau and with other bureaus and agencies.

Block Grant Funds

2. Federal Allocation (Line 1, Form 2)	\$ 11,452,801
3. Unobligated balance (Line 2, Form 2)	\$ 153,661
4. State Funds (Line 3, Form 2)	\$ 51,448,647
5. Local MCH Funds (Line 4, Form 2)	\$ 0
6. Other Funds (Line 5, Form 2)	\$ 0
7. Program Income (Line 6, Form 2)	\$ 0
<b>8. Total Federal-State Partnership (Line 8, Form 2)</b>	<b>\$ 63,055,109</b>

**9. Most significant providers receiving MCH funds:**

Early intervention service providers
local school districts and public health agencies
regional poison control center
community health centers

**10. Individuals served by the Title V Program (Col. A, Form 3)**

a. Pregnant Women	15,769
b. Infants < 1 year old	15,814
c. Children 1 to 22 years old	251,892
d. CSHCN	37,048
e. Others	60,461

**11. Statewide Initiatives and Partnerships:**

**a. Direct Medical Care and Enabling Services:**  
*(max 2500 characters)*

Primary and Preventive Care: With expansion of health insurance coverage, all adults and all children have access to some level of coverage either through expanded Medicaid, SCHIP, Children's Medical Security Plan, or employer, individual or family insurance coverage. Title V in Massachusetts continues to provide wrap-around services and services not covered by private or public insurance. This includes family planning services, MCH (nutrition, social service, and care coordination) home visiting services, school-based health centers, and oral health services through community-based providers and agencies. A special focus has been on the delivery of services for women of childbearing age within community health centers and how to promote the implementation of pre and intra conceptional services especially for women with gestational diabetes. Services for women and adolescents with substance use problems have been redesigned and are in place. Programs for homeless families in shelters include comprehensive health assessments and care coordination. Performance measures are in place for all service programs. CSHCN: Title V continues to provide care coordination, family support, newborn hearing screening, early intervention services (to over 30,000 children ages birth to three), and other specialized services for families and children with special needs. Strong, multifaceted outreach and assistance programs have been developed and are offered to families in obtaining benefits and services for which they are eligible. A focus has been on promoting and establishing the medical home model through the placement of care coordinators within primary care pediatric practices. Regionally-based services also provide care coordination, advocacy, referral and insurance enrollment for children with special needs who were not within medical home practices. The Title V program is actively involved with the state Medicaid program and Department of Mental Health in the implementation of universal behavioral screening for all children on Medicaid at each EPSDT visit. The assessment for children, using the CANS, is in place for older children. The Title V program through the Early Childhood program has been involved in the implementation for children under 5 and will be directly involved in the development, training and implementation of the CANS tool for the under 5 population.

**b. Population-Based Services:**  
*(max 2500 characters)*

Universal Newborn Screening: The development of integrated data systems and services linking universal newborn hearing, blood spot, birth defects, and risk identification screening is under active development and implementation. School Health: Medication administration guidelines have been developed and implemented, along with policies for the management of allergic reactions. Efforts to address healthy weight (through both BMI measurement and policies) are expanding, as is attention to emergency preparedness. Teen Pregnancy: Evidence-based models for teen pregnancy prevention in high-risk communities are well established in 18 communities. Statewide CHSCN Consultation Programs offer assistance to EI, school systems, and birth-to-three child serving agencies in providing care to children with complex medical and technology

needs. Revisions to Perinatal Hospital Licensure regulations have created a statewide referral network assuring mothers and infants receive services at appropriate levels of care. Other Population-Based Services: The Title V Partnership supports a Regional Poison Control Center; lead poisoning screening; SIDS and bereavement counseling; rape crisis centers; oral health screenings; basic school health services; injury prevention and child passenger safety; suicide prevention; promotion of childhood immunization; and a statewide system of Pediatric SANE (Sexual Assault Nurse Examiner) services through Child Advocacy Centers. A variety of tobacco control efforts target youth (including enforcement of laws against sales to minors) and seek to increase smoke-free environments (including efforts to reduce smoking during pregnancy). Emphasis is placed on screening and early identification of violence, depression, substance use, and risk factors for chronic diseases, along with the integration of programs across federal categorical grants, other state agencies, and private payers and providers. Working with a legislative commission on racial disparities, programs are increasing efforts to address racial disparities. Shaken Baby Syndrome: A comprehensive joint initiative with the Department of Children and Families (previously Dept. of Social Services) and Children's Trust Fund provides a training and education program that targets new parents (in hospitals), DSS staff, and selected community-based providers. The Safe Sleep Initiative has begun to examine data related to SUID and draft a consistent message on safe infant sleep.

c. Infrastructure Building Services:

(max 2500 characters)

Monitoring and Data Collection: Title V maintains and continuously improves data systems to monitor maternal and child health, analyze and report on trends, evaluate program effectiveness, and provide information to the public and private sectors. Priorities are to continue efforts to integrate and link key data systems, program information and billing systems, with linkages to the Executive Office of Human Services (EOHHS) Virtual Gateway which will enhance efforts to link with other health and human service programs. A data sharing agreement has been established between all EOHHS agencies and the capacity to link key data for the first time across EOHHS agencies continues to be developed. When this occurs, it will be possible to link MDPH data with Medicaid data for the first time. PRAMS: Massachusetts is now fully implementing its first PRAMS grant from CDC and PRAMS data are integrated into Title V reporting. Youth Surveys: Massachusetts currently carries out both a Youth Risk Behavior Survey (YRBS) and a Massachusetts Youth Health Survey. The surveys are coordinated and administered together in alternate years to maintain good participation and to improve the data consistency and timeliness. Active use of the state's BRFSS for MCH-related questions and tracking continues. Mortality and Morbidity Reviews: Title V has a Maternal Morbidity and Mortality Committee, Fetal-Infant Mortality Review process in selected communities, and actively participates in the state's Child Death Review Team system. Health Promotion for MCH: Multiple campaigns underway include suicide prevention, folic acid awareness, tobacco control, healthy weight and physical activity, substance abuse, and violence and injury prevention. Provider Training and Development: Multiple technical assistance and training programs for providers, programs, and agencies are provided, including Early Intervention and School Health Institutes, and a number related to early childhood and to domestic violence. Women's Health: A number of initiatives continue designed to increase awareness and enhance coordination of services for women across the lifespan.

12. The primary Title V Program contact person:

Name	Ron Benham
Title	Director, Bureau of Family Health and Nutrition
Address	Mass Dept of Public Health, 250 Washington St.
City	Boston
State	MA
Zip	02108
Phone	(617) 624-5901
Fax	(617) 624-6062
Email	ron.benham@state.ma.us
Web	

13. The children with special health care needs (CSHCN) contact person:

Name	Ron Benham
Title	Director, Bureau of Family Health and Nutrition
Address	Mass Dept of Public Health, 250 Washington St.
City	Boston
State	MA
Zip	02108
Phone	(617) 624-5901
Fax	(617) 624-6062
Email	ron.benham@state.ma.us
Web	

**FORM NOTES FOR FORM 10**

None

**FIELD LEVEL NOTES**

None

**FORM 11**  
**TRACKING PERFORMANCE MEASURES**  
[SECS 485 (2)(2)(B)(iii) AND 486 (A)(2)(A)(iii)]  
**STATE: MA**

**Form Level Notes for Form 11**

None

**PERFORMANCE MEASURE # 01**

The percent of screen positive newborns who received timely follow up to definitive diagnosis and clinical management for condition(s) mandated by their State-sponsored newborn screening programs.

<b>Annual Objective and Performance Data</b>					
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Performance Objective</b>	100	100	100	100	100
<b>Annual Indicator</b>	100.0	100.0	100.0	100.0	99.2
<b>Numerator</b>	100	131	102	115	119
<b>Denominator</b>	100	131	102	115	120
<b>Data Source</b>					New Eng Regional Newborn Screening Program

- Check this box if you cannot report the numerator because
1. There are fewer than 5 events over the last year, and
  2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

*(Explain data in a year note. See Guidance, Appendix IX.)*

**Is the Data Provisional or Final?**

Final

Final

<b>Annual Objective and Performance Data</b>					
	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>
<b>Annual Performance Objective</b>	100	100	100	100	100
<b>Annual Indicator</b>					
<b>Numerator</b>					
<b>Denominator</b>					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes**

**1. Section Number:** Form11\_Performance Measure #1

**Field Name:** PM01

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

Data on Newborn Screening from the New England Newborn Screening Program (NENSP) at the University of Massachusetts Medical School. The data are for Calendar Year 2008. The NENSP provides all these newborn screening services and furnishes these data. See Form 06 and its Notes also. In 2008, Massachusetts screened every newborn for ten disorders: Phenylketonuria (PKU), Congenital Hypothyroidism (primary), Galactosemia, Hemoglobin Disorders (including sickle cell anemia), "Maple Syrup" Urine Disease (MSUD), Homocystinuria, Congenital Toxoplasmosis, Congenital Adrenal Hyperplasia, Biotinidase Deficiency, and Medium-chain acyl Co-A dehydrogenase deficiency (MCAD).

Every newborn with abnormal results is tracked to a normal result or appropriate clinical care. In 2008, the total of 120 confirmed cases from mandated screening receiving treatment included 6 with PKU, 65 with Congenital Hypothyroidism, 1 with Galactosemia, 35 with Sickle Cell Disorders, 3 with Congenital Toxoplasmosis, 4 with Biotinidase Deficiency, 5 with Congenital Adrenal Hyperplasia, and 1 with MCAD.

Due to unusual circumstances in 2008, one baby with sickle cell disease is not counted as being under treatment. This baby was lost to follow-up. We believe the family moved back to Haiti but could not track the family and infant to determine if proper follow-up is occurring.

**2. Section Number:** Form11\_Performance Measure #1

**Field Name:** PM01

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Data on Newborn Screening from the New England Newborn Screening Program (NENSP) at the University of Massachusetts Medical School. The data are for Calendar Year 2007. The NENSP provides all these newborn screening services and furnishes these data. See Form 06 and its Notes also. Massachusetts screens every newborn for ten disorders: Phenylketonuria (PKU), Congenital Hypothyroidism (primary), Galactosemia, Hemoglobin Disorders (including sickle cell anemia), "Maple Syrup" Urine Disease (MSUD), Homocystinuria, Congenital Toxoplasmosis, Congenital Adrenal Hyperplasia, Biotinidase Deficiency, and Medium-chain acyl Co-A dehydrogenase deficiency (MCAD).

Every newborn with abnormal results is tracked to a normal result or appropriate clinical care. In 2007, the total of 115 confirmed cases from mandated screening receiving treatment included 2 with PKU, 52 with Congenital Hypothyroidism, 1 with Galactosemia, 48 with Sickle Cell Disorders, 2 with Congenital Toxoplasmosis, 3 with Biotinidase Deficiency, 6 with Congenital Adrenal Hyperplasia, and 1 with MCAD.

**3. Section Number:** Form11\_Performance Measure #1

**Field Name:** PM01

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Data on Newborn Screening from the New England Newborn Screening Program (NENSP) at the University of Massachusetts Medical School. The data are for Calendar

Year 2006. The NENSP provides all these newborn screening services and furnishes these data. See Form 06 and its Notes also. Massachusetts screens every newborn for ten disorders: Phenylketonuria (PKU), Congenital Hypothyroidism (primary), Galactosemia, Hemoglobin Disorders (including sickle cell anemia), "Maple Syrup" Urine Disease (MSUD), Homocystinuria, Congenital Toxoplasmosis, Congenital Adrenal Hyperplasia, Biotinidase Deficiency, and Medium-chain acyl Co-A dehydrogenase deficiency (MCAD).

Every newborn with abnormal results is tracked to a normal result or appropriate clinical care. In 2006, the total of 102 confirmed cases from mandated screening receiving treatment included 10 with PKU, 36 with Congenital Hypothyroidism, 2 Galactosemia, 35 with Hemoglobin Disorders, 1 with Congenital Toxoplasmosis, 6 with Biotinidase Deficiency, 8 with Congenital Adrenal Hyperplasia, and 4 with MCAD.

**PERFORMANCE MEASURE # 02**

The percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive. (CSHCN survey)

	<b>Annual Objective and Performance Data</b>				
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Performance Objective</b>	65	70	70	72	59
<b>Annual Indicator</b>	64.4	57.1	57.1	57.1	57.1
<b>Numerator</b>					
<b>Denominator</b>					
<b>Data Source</b>					NS-CSHCN, 2005-2006 (part of NCHS/SLAITS)
<b>Check this box if you cannot report the numerator because</b> 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. <i>(Explain data in a year note. See Guidance, Appendix IX.)</i>					
<b>Is the Data Provisional or Final?</b>				Provisional	Provisional

	<b>Annual Objective and Performance Data</b>				
	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>
<b>Annual Performance Objective</b>	60	61	63	65	65
<b>Annual Indicator</b>					
<b>Numerator</b>	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
<b>Denominator</b>					

**Field Level Notes****1. Section Number:** Form11\_Performance Measure #2**Field Name:** PM02**Row Name:****Column Name:****Year:** 2008**Field Note:**

There are no updated state-level data for 2008. Data are from the National Survey of Children with Special Health Care Needs (NS-CSHCN), 2005-2006 conducted as part of NCHS/SLAITS. See note for 2006.

**2. Section Number:** Form11\_Performance Measure #2**Field Name:** PM02**Row Name:****Column Name:****Year:** 2007**Field Note:**

There are no updated state-level data for 2007. Data are from the National Survey of Children with Special Health Care Needs (NS-CSHCN), 2005-2006 conducted as part of NCHS/SLAITS. See note for 2006.

**3. Section Number:** Form11\_Performance Measure #2**Field Name:** PM02**Row Name:****Column Name:****Year:** 2006**Field Note:**

Data are from the National Survey of Children with Special Health Care Needs (NS-CSHCN), 2005-2006 conducted as part of NCHS/SLAITS. The 95% Confidence Intervals (CI) for the 2005-2006 and 2001 survey, from which the earlier data come, overlap (2005-2006 CI: 52.8-61.3; 2001 CI: 56.4-72.5). The overlap suggests that the figures do not differ statistically (change may be due to random survey variation). Massachusetts is also comparable to the nation. The national figure is 57.4 (CI: 56.5-58.2) for 2005-2006, and the comparable national figure for earlier years is 57.5 (CI: 56.0-59.0).

**PERFORMANCE MEASURE # 03**

The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home. (CSHCN Survey)

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	65	65	65	67	47
Annual Indicator	61	45.7	45.7	45.7	45.7
Numerator					
Denominator					
Data Source					NS-CSHCN, 2005-2006 (part of NCHS/SLAITS)
Do not report the numerator because there were fewer than 5 events over the last year, and the average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	49	51	53	53	55
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

**Field Level Notes**

1. **Section Number:** Form11\_Performance Measure #3

**Field Name:** PM03

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

There are no updated state-level data for 2008. Data are from the National Survey of Children with Special Health Care Needs (NS-CSHCN), 2005-2006 conducted as part of NCHS/SLAITS. See note for 2006 re non-comparability to pre-2005 data.

2. **Section Number:** Form11\_Performance Measure #3

**Field Name:** PM03

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

There are no updated state-level data for 2007. Data are from the National Survey of Children with Special Health Care Needs (NS-CSHCN), 2005-2006 conducted as part of NCHS/SLAITS. See note for 2006 re non-comparability to pre-2005 data.

3. **Section Number:** Form11\_Performance Measure #3

**Field Name:** PM03

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Data are from the National Survey of Children with Special Health Care Needs (NS-CSHCN), 2005-2006 conducted as part of NCHS/SLAITS. Questions used for the 2005-2006 survey changed substantially and results cannot be compared to 2004 or earlier. The comparable national figure is 47.1% (CI: 46.3-48.0) for 2005-2006. The CI for Massachusetts for 2005-06 is 41.4-50.0, suggesting no statistical difference between Massachusetts and the nation.



**PERFORMANCE MEASURE # 04**

The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need. (CSHCN Survey)

**Annual Objective and Performance Data**

	2004	2005	2006	2007	2008
Annual Performance Objective	65	65	70	70	64
Annual Indicator	65.1	63.1	63.1	63.1	63.1
Numerator					
Denominator					
Data Source					NS-CSHCN, 2005-2006 (part of NCHS/SLAITS)
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional

**Annual Objective and Performance Data**

	2009	2010	2011	2012	2013
Annual Performance Objective	65	66	68	70	75
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** Form11\_Performance Measure #4**Field Name:** PM04**Row Name:****Column Name:****Year:** 2008**Field Note:**

There are no updated state-level data for 2008. Data are from the National Survey of Children with Special Health Care Needs (NS-CSHCN), 2005-2006 conducted as part of NCHS/SLAITS. See note for 2006 for additional information.

Based on assumptions of the continued progress of health care reform in Massachusetts and nationally, we are projecting a larger improvement by 2013.

**2. Section Number:** Form11\_Performance Measure #4**Field Name:** PM04**Row Name:****Column Name:****Year:** 2007**Field Note:**

There are no updated state-level data for 2007. Data are from the National Survey of Children with Special Health Care Needs (NS-CSHCN), 2005-2006 conducted as part of NCHS/SLAITS. See note for 2006 for additional information.

**3. Section Number:** Form11\_Performance Measure #4**Field Name:** PM04**Row Name:****Column Name:****Year:** 2006**Field Note:**

UPDATED.

Data are from the National Survey of Children with Special Health Care Needs (NS-CSHCN), 2005-2006 conducted as part of NCHS/SLAITS. The 95% Confidence Intervals (CI) for the 2005-2006 and 2001 survey, from which the earlier data come, overlap (2005-2006 CI: 59.0-67.2; 2001 CI: 60.1-70.1). The overlap suggests that the figures do not differ statistically (change may be due to random survey variation). Massachusetts is also comparable to the nation. The national figure is 62.0 (CI: 61.2-62.8) for 2005-2006, and the comparable national figure for earlier years is 59.6 (CI: 58.7-60.5).

**PERFORMANCE MEASURE # 05**

Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily. (CSHCN Survey)

<b>Annual Objective and Performance Data</b>					
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Performance Objective</b>	80	80	81	81	87.6
<b>Annual Indicator</b>	79	87.6	87.6	87.6	87.6
<b>Numerator</b>					
<b>Denominator</b>					
<b>Data Source</b>					NS-CSHCN, 2005-2006 (part of NCHS/SLAITS)
<p>Check this box if you cannot report the numerator because</p> <p>1. There are fewer than 5 events over the last year, and</p> <p>2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.</p> <p>(Explain data in a year note. See Guidance, Appendix IX.)</p>					
<b>Is the Data Provisional or Final?</b>				Provisional	Provisional

<b>Annual Objective and Performance Data</b>					
	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>
<b>Annual Performance Objective</b>	89.2	89.2	90	90	91
<b>Annual Indicator</b>					
<b>Numerator</b>					
<b>Denominator</b>					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** Form11\_Performance Measure #5**Field Name:** PM05**Row Name:****Column Name:****Year:** 2008**Field Note:**

There are no updated state-level data for 2008. Data are from the National Survey of Children with Special Health Care Needs (NS-CSHCN), 2005-2006 conducted as part of NCHS/SLAITS. See note for 2006 re noncomparability of data to 2004 and earlier.

**2. Section Number:** Form11\_Performance Measure #5**Field Name:** PM05**Row Name:****Column Name:****Year:** 2007**Field Note:**

There are no updated state-level data for 2007. Data are from the National Survey of Children with Special Health Care Needs (NS-CSHCN), 2005-2006 conducted as part of NCHS/SLAITS. See note for 2006 re noncomparability of data to 2004 and earlier.

**3. Section Number:** Form11\_Performance Measure #5**Field Name:** PM05**Row Name:****Column Name:****Year:** 2006**Field Note:**

UPDATED.

Data are from the National Survey of Children with Special Health Care Needs (NS-CSHCN), 2005-2006 conducted as part of NCHS/SLAITS. Data for 2004 and earlier are from the NS-CSHCN conducted in 2001. The wording, placement, and ordering of questions changed substantially in the 2005-2006 administration of the survey, and the results are not comparable across survey years. The 95% Confidence Intervals (CI) for the 2005-2006 for Massachusetts is 84.7-90.5; for the nation, it is 88.6-89.6 (point estimate 89.1). The CI's overlap; there is no statistical difference between Massachusetts and the nation (differences may be due to random survey variation).

**PERFORMANCE MEASURE # 06**

The percentage of youth with special health care needs who received the services necessary to make transitions to all aspects of adult life, including adult health care, work, and independence.

**Annual Objective and Performance Data**

	2004	2005	2006	2007	2008
<b>Annual Performance Objective</b>	10	10	10	15	46.6
<b>Annual Indicator</b>	5.8	46.6	46.6	46.6	46.6
<b>Numerator</b>					
<b>Denominator</b>					
<b>Data Source</b>					NS-CSHCN, 2005-2006 (part of NCHS/SLAITS)
<p>Check this box if you cannot report the numerator because</p> <p>1. There are fewer than 5 events over the last year, and</p> <p>2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.</p> <p>(Explain data in a year note. See Guidance, Appendix IX.)</p>					
<b>Is the Data Provisional or Final?</b>				Provisional	Provisional

**Annual Objective and Performance Data**

	2009	2010	2011	2012	2013
<b>Annual Performance Objective</b>	47	48	49	50	50
<b>Annual Indicator</b>					
<b>Numerator</b>					
<b>Denominator</b>					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** Form11\_Performance Measure #6**Field Name:** PM06**Row Name:****Column Name:****Year:** 2008**Field Note:**

There are no updated state-level data for 2008. Data are from the National Survey of Children with Special Health Care Needs (NS-CSHCN), 2005-2006 conducted as part of NCHS/SLAITS. See note for 2006 re noncomparability of data to 2004 and earlier.

Improving transitions to adulthood - and the adult health care system - is a priority for MDPH for all children.

**2. Section Number:** Form11\_Performance Measure #6**Field Name:** PM06**Row Name:****Column Name:****Year:** 2007**Field Note:**

There are no updated state-level data for 2007. Data are from the National Survey of Children with Special Health Care Needs (NS-CSHCN), 2005-2006 conducted as part of NCHS/SLAITS. See note for 2005-2006. See note for 2006 re noncomparability of data to 2004 and earlier.

**3. Section Number:** Form11\_Performance Measure #6**Field Name:** PM06**Row Name:****Column Name:****Year:** 2006**Field Note:**

UPDATED.

Data are from the National Survey of Children with Special Health Care Needs (NS-CSHCN), 2005-2006 conducted as part of NCHS/SLAITS. Data for 2004 and earlier are from the NS-CSHCN conducted in 2001. The wording, placement, and ordering of questions changed substantially in the 2005-2006 administration of the survey, and the results are not comparable across survey years. The 95% Confidence Intervals (CI) for the 2005-2006 for Massachusetts is 39.8-53.4; for the nation, it is 40.0-42.5 (point estimate 41.2). The CI's overlap, indicating no statistical difference between Massachusetts and the nation (differences may be due to random survey variation).

**PERFORMANCE MEASURE # 07**

Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	83	88.1	91.3	90	89
Annual Indicator	86.5	91.3	89.2	88.3	84.1
Numerator					
Denominator					
Data Source					CDC, NIS
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	84.1	85	85	86	86
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

**Field Level Notes****1. Section Number:** Form11\_Performance Measure #7**Field Name:** PM07**Row Name:****Column Name:****Year:** 2008**Field Note:**

Fully immunized corresponds to the CDC definition of 4:3:1:3:3 (4 or more doses of DTP, 3 or more of poliovirus, 1 or more of any MMR, 3 or more of Hib, and 3 or more of HepB) by age 19-35 months (age 3). [Note that definition of measure in Detail Sheet differs from the label on the measure which suggests immunization status among children 19-35 months of age. That age range is what we report here.] Data are from the National Immunization Survey, as reported by the CDC at [http://www.cdc.gov/vaccines/stats-surv/nis/data/tables\\_0708.htm](http://www.cdc.gov/vaccines/stats-surv/nis/data/tables_0708.htm). Because the percentage rates are generated by the NIP from surveys, no numerators and denominators are presented in Form 11.

Our fully immunized rate dropped again in 2007-2008. Although Massachusetts continues to have a very high rate well above the national average of 79.8%, it is now only ranked #5, down from second in the country last year. Future year Objectives have been adjusted downward to reflect the intensified work needed to improve follow-up and completion rates.

**2. Section Number:** Form11\_Performance Measure #7**Field Name:** PM07**Row Name:****Column Name:****Year:** 2007**Field Note:**

Fully immunized corresponds to the CDC definition of 4:3:1:3:3 (4 or more doses of DTP, 3 or more of poliovirus, 1 or more of any MMR, 3 or more of Hib, and 3 or more of HepB) by age 19-35 months (age 3). [Note that definition of measure in Detail Sheet differs from the label on the measure which suggests immunization status among children 19-35 months of age. That age range is what we report here.] Data are from the National Immunization Survey, as reported by the CDC at <http://www.cdc.gov/nip/coverage/default.htm>; Table 09. Because the percentage rates are generated by the NIP from surveys, no numerators and denominators are presented in Form 11.

Although our fully immunized rate dropped slightly in 2007, Massachusetts continues to have a very high rate (second best in the country after New Hampshire) and well above the national average. However, increased parental resistance to some immunizations has led us to adjust our future year Objectives slightly downward to more realistic levels.

**3. Section Number:** Form11\_Performance Measure #7**Field Name:** PM07**Row Name:****Column Name:****Year:** 2006**Field Note:**

Fully immunized corresponds to the CDC definition of 4:3:1:3:3 (4 or more doses of DTP, 3 or more of poliovirus, 1 or more of any MMR, 3 or more of Hib, and 3 or more of HepB) by age 19-35 months (age 3). [Note that definition of measure in Detail Sheet differs from the label on the measure which suggests immunization status among children 19-35 months of age. That age range is what we report here.] Data are from the National Immunization Survey, as reported by the CDC at <http://www.cdc.gov/nip/coverage/default.htm>; Table 09. Because the percentage rates are generated by the NIP from surveys, no numerators and denominators are presented in Form 11.

Although our fully immunized rate dropped slightly in 2006, Massachusetts continues to have the highest rate in the country.

**PERFORMANCE MEASURE # 08**

The rate of birth (per 1,000) for teenagers aged 15 through 17 years.

**Annual Objective and Performance Data**

	2004	2005	2006	2007	2008
Annual Performance Objective	14	12	11.5	11	10.5
Annual Indicator	11.8	11.5	10.4	11.5	11.5
Numerator	1,454	1,440	1,379	1,543	
Denominator	122,847	125,294	132,803	134,644	
Data Source					Mass. Vital Records
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional

**Annual Objective and Performance Data**

	2009	2010	2011	2012	2013
Annual Performance Objective	11	11	11	11	11
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** Form11\_Performance Measure #8

**Field Name:** PM08

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

2008 birth data are not available. We have estimated the same rate to that for 2007. See 2007 for the most recent actual data and see the Note for 2007 for data sources and other comments.

Outyear Performance Objectives have been adjusted to reflect a leveling off of the rate, particularly in light of the effect of state FY09 budget cuts to teen pregnancy prevention and family planning services that are not expected to rebound quickly.

**2. Section Number:** Form11\_Performance Measure #8

**Field Name:** PM08

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Birth data are from MDPH, Vital Records for calendar year 2007. This is the most recent year of data available.

The 2007 denominator is from the most recent population estimates for Massachusetts, as provided by the MDPH Bureau of Health Information, Statistics, Research and Evaluation. The number of female teens ages 15-17 is roughly estimated at 60% of the standard 5-year age group 15-19.

**3. Section Number:** Form11\_Performance Measure #8

**Field Name:** PM08

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Birth data are from MDPH, Vital Records for calendar year 2006. The 2006 denominator is from population estimates for Massachusetts, as provided by the MDPH Bureau of Health Information, Statistics, Research and Evaluation. The number of female teens ages 15-17 is roughly estimated at 60% of the standard 5-year age group 15-19.

**PERFORMANCE MEASURE # 09**

Percent of third grade children who have received protective sealants on at least one permanent molar tooth.

**Annual Objective and Performance Data**

	2004	2005	2006	2007	2008
Annual Performance Objective	60	62.2	61	63	66.5
Annual Indicator	62.2	59.4	64.6	66.2	67.4
Numerator					
Denominator					
Data Source					Mass. BRFSS

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

**Annual Objective and Performance Data**

	2009	2010	2011	2012	2013
Annual Performance Objective	68	69.5	71	71	72
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** Form11\_Performance Measure #9**Field Name:** PM09**Row Name:****Column Name:****Year:** 2008**Field Note:**

The data for 2008 are taken from the Massachusetts Behavioral Risk Factor Surveillance System (BRFSS). A children's dental health module, containing this and other questions, is carried out every year. The data are not specific for the narrow age range specified in the measure, but capture data for children ages 6 - 18.

Outyear Performance Objectives have been raised slightly, to reflect continued improvement in these results.

**2. Section Number:** Form11\_Performance Measure #9**Field Name:** PM09**Row Name:****Column Name:****Year:** 2007**Field Note:**

The data for 2007 are taken from the Massachusetts Behavioral Risk Factor Surveillance System (BRFSS). A children's dental health module, containing this and other questions, was introduced in the 2001 Survey and is now being carried out every year. The data are not specific for the narrow age range specified in the measure, but capture data for children ages 6 - 18. The survey rates within various socioeconomic categories (preliminary data) continue to show consistently higher rates of sealants as family income rises: 49.8 % (C.I. 36.2% - 63.3%) at under \$25,000 compared with 75.1 % (C.I. 69.0% - 81.2%) at over \$75,000).

**3. Section Number:** Form11\_Performance Measure #9**Field Name:** PM09**Row Name:****Column Name:****Year:** 2006**Field Note:**

The data for 2006 are taken from the Massachusetts Behavioral Risk Factor Surveillance System (BRFSS). A children's dental health module, containing this and other questions, was introduced in the 2001 Survey and is now being carried out every year. The data are not specific for the narrow age range specified in the measure, but capture data for children ages 6 - 18.

Other surveys, on large samples of schools, are being developed and may provide additional data in future years. Information from the field suggests that the use of sealants in the targeted age range is higher than what is being reported in BRFSS, where the data can be considered as showing an essentially flat rate.

**PERFORMANCE MEASURE # 10**

The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.

**Annual Objective and Performance Data**

	2004	2005	2006	2007	2008
<b>Annual Performance Objective</b>	1.2	1.2	1.2	1.2	1.2
<b>Annual Indicator</b>	1.2	1.3	1.2	0.8	
<b>Numerator</b>	15	16	14	9	
<b>Denominator</b>	1,222,774	1,214,584	1,202,482	1,188,128	
<b>Data Source</b>					Mass. Vital Records
<b>Check this box if you cannot report the numerator because</b> <b>1. There are fewer than 5 events over the last year, and</b> <b>2. The average number of events over the last 3 years is fewer</b> <b>than 5 and therefore a 3-year moving average cannot be</b> <b>applied.</b> <i>(Explain data in a year note. See Guidance, Appendix IX.)</i>					
<b>Is the Data Provisional or Final?</b>				Final	Provisional

**Annual Objective and Performance Data**

	2009	2010	2011	2012	2013
<b>Annual Performance Objective</b>	1.2	1.2	1.2	1.2	1.2
<b>Annual Indicator</b>					
<b>Numerator</b>					
<b>Denominator</b>					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** Form11\_Performance Measure #10**Field Name:** PM10**Row Name:****Column Name:****Year:** 2008**Field Note:**

2008 death data are not available. We have estimated a rate in line with historical trend data, accounting for the possibility that the 2007 3-year average is overly affected by a single year's unusually low numerator. See 2007 for the most recent actual data and see the Note for 2007 for data sources and other comments.

**2. Section Number:** Form11\_Performance Measure #10**Field Name:** PM10**Row Name:****Column Name:****Year:** 2007**Field Note:**

Data on deaths are taken from MDPH Vital Records for calendar years 2005 - 2007. This is the most recent year of data available. Rates are calculated as rolling 3-year averages. (I.e. the 2007 numerator is the sum of the 2005, 2006 and 2007 numbers of deaths (10, 12, and 5) respectively and the denominator is the sum of the most recent Massachusetts population estimates for the age group for the same years. The resulting denominators and age-specific rates may differ from those previously reported or published elsewhere.

The denominator is from the most recent population estimates for Massachusetts, as provided by the MDPH Bureau of Health Information, Statistics, Research and Evaluation.

**3. Section Number:** Form11\_Performance Measure #10**Field Name:** PM10**Row Name:****Column Name:****Year:** 2006**Field Note:**

Data on deaths are taken from MDPH Vital Records for calendar years 2004 - 2006. Rates are calculated as rolling 3-year averages. (I.e. the 2006 numerator is the sum of the 2004, 2005, and 2006 numbers of deaths (19, 10, and 12) respectively and the denominator is the sum of the Massachusetts population estimates for the age group for the same years. The resulting denominators and age-specific rates may differ from those previously reported or published elsewhere.

**PERFORMANCE MEASURE # 11**

The percent of mothers who breastfeed their infants at 6 months of age.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective			40	45	42
Annual Indicator		38.8	42.7	47	44.7
Numerator					
Denominator					
Data Source			CDC's 2006 National Immunization Survey		CDC, NIS
Do not report the numerator because fewer than 5 events over the last year, and fewer than 5 events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Enter a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	45	45	46	47	48
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

**Field Level Notes****1. Section Number:** Form11\_Performance Measure #11**Field Name:** PM11**Row Name:****Column Name:****Year:** 2008**Field Note:**

Data Source: CDC National Immunization 2008 Survey Provisional data (for the 2006 birth cohort). ([www.cdc.gov/breastfeeding/data/NIS\\_data/index.htm](http://www.cdc.gov/breastfeeding/data/NIS_data/index.htm)).

Because they are survey data, there are no numerator or denominator values. These data report breastfeeding rates for children born in 2006 (Hence the date on the reference source). They are provisional data, as CDC will continue to interview this cohort through November, 2009; final estimates for 2006 births will be available in August of 2010.

The data indicate a rate of breastfeeding at 6 months of 44.7% (plus or minus 7.5%) and a rate of ever breastfeeding of 78.2% (plus or minus 7.2%). These compare with provisional national average rates of 43.4% and 73.9%. The state rates for exclusive breastfeeding at 3 months and 6 months were 39.0% (+ or – 7.4) and 13.5% (+ or – 5.2) respectively; the comparable provisional national rates are 33.1% and 13.6%. This pattern indicates no statistically significant changes in Massachusetts from the 2005 birth cohort data (see 2007 Note), with all those rates still higher than national trends for all but exclusive breastfeeding at 6 months. However, differences between any of the Massachusetts rates and the national ones remain statistically insignificant, with overlapping confidence intervals.

The provisional NIS survey data for initiating breastfeeding compare closely with data from our 2006 birth certificate data on breastfeeding (or intent to breastfeed) at hospital discharge of 79.9%.

2008 Massachusetts PedNSS data about breastfeeding among WIC participants are now available. The breastfeeding rate at 6 months was 27.3% in 2008, up from 26.2% in 2006.

We remain uncertain as to which year's CDC/NIS survey data to report in which annual NPM boxes.

**2. Section Number:** Form11\_Performance Measure #11**Field Name:** PM11**Row Name:****Column Name:****Year:** 2007**Field Note:**

Data Source: CDC National Immunization 2007 Survey data (for the 2005 birth cohort).

Because they are survey data, there are no numerator or denominator values. These data report breastfeeding rates for children born in 2005 (Hence the date on the reference source). They are final data.

The data indicate a rate of breastfeeding at 6 months of 47.0% (plus or minus 6.7%) and a rate of ever breastfeeding of 78.9% (plus or minus 5.8%). These compare with national average rates of 42.9% and 74.1%. The state rates for exclusive breastfeeding at 3 months and 6 months were 37.6% (+ or – 6.5) and 14.0% (+ or – 4.8) respectively; the comparable national rates were 32.1% and 12.3%. This pattern indicates improvements from the previous survey in Massachusetts for ever breastfeeding, breastfeeding at 6 months, and exclusive breastfeeding at both 3 and 6 mos., and with all those rates slightly higher than national trends. However, differences between any of the Massachusetts rates and the national ones remain statistically insignificant, with overlapping confidence intervals.

The NIS survey data for initiating breastfeeding compare closely with data from our 2005 birth certificate data on breastfeeding (or intent to breastfeed) at hospital discharge of 79.3%.

The newly initiated Massachusetts PRAMS survey finalized data for 2007 indicate that 81.5% of women initiated breastfeeding, and 62.4% were still breastfeeding at 8 weeks.

**3. Section Number:** Form11\_Performance Measure #11**Field Name:** PM11**Row Name:****Column Name:****Year:** 2006**Field Note:**



These data are now final and the form and note have been updated accordingly. Because they are survey data, there are no numerator or denominator values. These data report breastfeeding rates for children born in 2004 (Hence the date on the reference source). The data indicate a rate of breastfeeding at 6 months of 42.7% (plus or minus 5.9%) and a rate of ever breastfeeding of 69.5% (plus or minus 6.2%). These can be compared with national average rates of 42.1% and 73.1%. The state rates for exclusive breastfeeding at 3 months and 6 months were 31.8% (plus or minus 5.5) and 12.4% (plus or minus 3.9) respectively; the comparable national rates were 31.5% and 12.1%. This pattern suggests that while Massachusetts had a slightly lower rate of ever breastfeeding, those that did breastfeed continued breastfeeding, including exclusive breastfeeding, at rates comparable to the national trends. However, differences between any of the Massachusetts rates and the national ones are statistically insignificant, with overlapping confidence intervals.

The NIS survey data suggest a lower rate of initiating breastfeeding than the data from our 2004 birth certificate data on breastfeeding (or intent to breastfeed) at hospital discharge of 77.3%.

With this most recent survey, CDC has changed both the survey questions and the way it presents the data (by birth cohort). The result of the new questions (as discussed at length on the CDC website) is an overall drop in the estimated rates. Therefore, no trend analysis should be drawn between these rates and those cited for previous years. 2006 Massachusetts PedNSS data about breastfeeding among WIC participants is available. The breastfeeding rate at 6 months was 26.2% in 2006, slightly up from 26.1% in 2005.

**PERFORMANCE MEASURE # 12**

Percentage of newborns who have been screened for hearing before hospital discharge.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	99	99.9	99	99.8	98.8
Annual Indicator	100.0	98.9	98.9	98.8	98.3
Numerator	79,399	76,991	77,656	77,762	77,413
Denominator	79,438	77,841	78,511	78,724	78,791
Data Source					Mass. Child Hearing Data System
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional
Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	98.8	99	99.2	99.4	99.6
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

**Field Level Notes****1. Section Number:** Form11\_Performance Measure #12**Field Name:** PM12**Row Name:****Column Name:****Year:** 2008**Field Note:**

Pre-discharge screening rates as tracked by the Childhood Hearing Data System (CHDS). Using birth data before their final de-duplication, cleaning and release ("closed" 2008 birth data will not be available until winter 2010) makes the reported data preliminary or provisional. The UNHSP preliminary numerator and estimated denominator are reported here and will be updated at a later date.

Screening rates are slightly less than 100% and will remain so due to a small number of parents who refuse the screening, infants who die prior to discharge, and unknown/missed screens. See notes for 2007 for examples of these numbers. The majority of those not screened are unknown or missed screens, including those missed due to transfers. Our goal – which is reflected in our performance objectives through 2013 is to reduce the unknown/missed number to close to zero, leaving only refusals and deaths prior to discharge as unscreened.

**2. Section Number:** Form11\_Performance Measure #12**Field Name:** PM12**Row Name:****Column Name:****Year:** 2007**Field Note:**

Pre-discharge screening rates are reported initially by the Childhood Hearing Data System (CHDS). The 2007 data have been updated based on final, "clean" screening data and the closed 2007 birth file.

Screening rates are slightly less than 100% and will remain so due to a small number of parents who refuse the screening (e.g. 30 in 2007), infants who died prior to discharge (284 in 2007) and unknown/missed screens (648 in 2007).

**3. Section Number:** Form11\_Performance Measure #12**Field Name:** PM12**Row Name:****Column Name:****Year:** 2006**Field Note:**

The 2006 screening rates shown are final, as 2006 birth data have been released.

Screening rates are slightly less than 100% and will remain so due to a small number of parents who refuse the screening (e.g. 31 in 2006), infants who died prior to discharge (258 in 2006) and unknown/missed screens (587 in 2006).

**PERFORMANCE MEASURE # 13**

Percent of children without health insurance.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	3.5	3	2.5	2	2
Annual Indicator	3.2	3.2	2.5	2.3	1.2
Numerator					
Denominator					
Data Source					MA Div. of Hlth Care Finance & Policy survey
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional

  

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	1.2	1.2	1	1	1
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

**Field Level Notes****1. Section Number:** Form11\_Performance Measure #13**Field Name:** PM13**Row Name:****Column Name:****Year:** 2008**Field Note:**

Data source: Massachusetts Division of Health Care Finance and Policy (HCFP). "Health Insurance Coverage in Massachusetts: Estimates from the 2008 Massachusetts Health Insurance Survey;" Updated Powerpoint summary presentation, March 2009. ([www.mass.gov/dhcfp](http://www.mass.gov/dhcfp))

The impact of the Massachusetts Health Care Reform Law is clearly demonstrated in the continued reduction in the % of uninsured children. Our outyear Performance Objectives have been adjusted again accordingly.

**2. Section Number:** Form11\_Performance Measure #13**Field Name:** PM13**Row Name:****Column Name:****Year:** 2007**Field Note:**

Data source: 2007 household survey of Massachusetts residents conducted by the Massachusetts Division of Health Care Finance and Policy (HCFP). "Massachusetts Household Survey on Health Insurance Status, 2007;" Powerpoint summary presentation released, July, 2008. ([www.mass.gov/dhcfp](http://www.mass.gov/dhcfp))

Another comparative data source is the Massachusetts Behavioral Risk Factor Surveillance System (BRFSS), which includes questions on insurance coverage for household members under the age of 18. These questions are asked every year. The 2007 BRFSS survey reported a rate of 1.1% (confidence interval of .4% - 1.9%), unchanged from the previous year. The BRFSS rates have historically been consistently lower than those found in the HCFP surveys, but both surveys have demonstrated similar trends.

As a result of the major health care reform currently getting underway in the Commonwealth – which is designed to achieve universal health care coverage - we have set Performance Objectives reflecting a further drop in the rate, although with a higher residual uninsured percentage than previously projected. We will continue to monitor and adjust these projections as needed, as the economic downturn affects more families and federal decisions on Medicaid policy (e.g. the maximum FPL that can be covered) and the Massachusetts Medicaid waiver may affect the insurance situation for children.

**3. Section Number:** Form11\_Performance Measure #13**Field Name:** PM13**Row Name:****Column Name:****Year:** 2006**Field Note:**

The primary data source for this indicator is a 2006 household survey of Massachusetts residents conducted by the Massachusetts Division of Health Care Finance and Policy (HCFP). ("Health Insurance Status of Massachusetts Residents: Fifth Edition"; issued in December, in 2006. ([www.mass.gov/dhcfp](http://www.mass.gov/dhcfp)))

As part of the recent Health Care Reform legislation, the HCFP survey is now done annually and should provide even more information about who is uninsured and how various aspects of health care reform affect children in particular.

Another comparative data source is the Massachusetts Behavioral Risk Factor Surveillance System (BRFSS), which includes questions on insurance coverage for household members under the age of 18. These questions are asked every year. The 2006 BRFSS survey reported a rate of 1.01% (confidence interval of .39% - 1.62%), down dramatically from 2.4% the previous year. The BRFSS rates have historically been consistently lower than those found in the HCFP surveys, but both surveys have demonstrated similar trends.

As a result of the major health care reform currently getting underway in the Commonwealth – which is designed to achieve universal health care coverage - we are setting Performance Objectives reflecting a sharp and steady drop in the rate to essentially no children without insurance by 2009. The impact of the initial expansion of SCHIP to 300% of the FPL for children can already be seen in the 2006 data.



**PERFORMANCE MEASURE # 14**

Percentage of children, ages 2 to 5 years, receiving WIC services with a Body Mass Index (BMI) at or above the 85th percentile.

**Annual Objective and Performance Data**

	2004	2005	2006	2007	2008
Annual Performance Objective			34	34	34
Annual Indicator		34.1	34	33.8	33.5
Numerator					
Denominator					
Data Source					Mass. WIC Program data
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

**Annual Objective and Performance Data**

	2009	2010	2011	2012	2013
Annual Performance Objective	33.5	33	33	32	32
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

**Field Level Notes**

1. **Section Number:** Form11\_Performance Measure #14  
**Field Name:** PM14  
**Row Name:**  
**Column Name:**  
**Year:** 2008  
**Field Note:**  
 Data Source: Final calendar year 2008 Massachusetts WIC Program PedNSS data, from the CDC report. The rate has again dropped slightly from the previous year.

2. **Section Number:** Form11\_Performance Measure #14  
**Field Name:** PM14  
**Row Name:**  
**Column Name:**  
**Year:** 2007  
**Field Note:**  
 Data Source: Final calendar year 2007 Massachusetts WIC Program PedNSS data, from the CDC report. The rate has dropped slightly from the previous year.

3. **Section Number:** Form11\_Performance Measure #14  
**Field Name:** PM14  
**Row Name:**  
**Column Name:**  
**Year:** 2006  
**Field Note:**  
 The 34% recorded for 2006 represents final calendar year 2005 Massachusetts PedNSS data from the CDC report; the rate has dropped .1% from the previous year.

These data indicate that Massachusetts rates for overweight in children are no longer increasing but have remained stable. We project only modest improvements for the years through 2012.

**PERFORMANCE MEASURE # 15**

Percentage of women who smoke in the last three months of pregnancy.

**Annual Objective and Performance Data**

	2004	2005	2006	2007	2008
Annual Performance Objective			6	6	9
Annual Indicator		6	6	9.2	9
Numerator					
Denominator					
Data Source					MA PRAMS

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

**Annual Objective and Performance Data**

	2009	2010	2011	2012	2013
Annual Performance Objective	9	8.9	8.8	8.7	8.6
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** Form11\_Performance Measure #15**Field Name:** PM15**Row Name:****Column Name:****Year:** 2008**Field Note:**

Data Source: Massachusetts PRAMS. 2008 PRAMS data are not yet available. We have estimated a slight improvement based on the 2007 data.

**2. Section Number:** Form11\_Performance Measure #15**Field Name:** PM15**Row Name:****Column Name:****Year:** 2007**Field Note:**

Data Source: Massachusetts PRAMS. This is the first PRAMS data available in the state. MA PRAMS sampled women who were Massachusetts residents and delivered a live-born infant within the state, including infants who died after delivery and multiples up to triplets. In 2007, 9.2% of women smoked cigarettes during the last 3 months of pregnancy (95% CI: 6.8 – 11.5) according to PRAMS. Among the same population of women, 6.6% reported on the birth certificate that they had smoked cigarettes at any time during pregnancy (95% CI: 4.5 – 8.7). Among all PRAMS states, MA has the third lowest prevalence of cigarette smoking during the last 3 months of pregnancy (most recent national PRAMS data available is 2003).

Differences between these initial PRAMS survey data and the smoking during pregnancy data from the birth certificate (see State Performance Measure #02) are being analyzed. The PRAMS data suggested higher rates of smoking during pregnancy than reported from the birth files (although the wide confidence intervals for both overlap). This external validation source (PRAMS) may result in further efforts to improve the quality and reliability of the birth certificate data in future years.

In the interim, we have adjusted our future performance objectives to be more in line with PRAMS data and realistic expectations of rates of reducing smoking, particularly in the face of major state budget cuts to a number of smoking cessation efforts. The result is that there are some discrepancies between the future performance objectives shown here for NPM #15 and for SPM #02. One result of the analyses mentioned above and described in our FY09 Planned Activities for these measures, will be a more formally coordinated set of projections.

**3. Section Number:** Form11\_Performance Measure #15**Field Name:** PM15**Row Name:****Column Name:****Year:** 2006**Field Note:**

We have no new data to report for 2006, so are reporting the same rate as 2005 (which was estimated from data from the PRAMS pilot test. Based on our progress in increasing the % of women who report not smoking during their pregnancy (see SPM # 2), we are projecting a further slight decrease in this rate through FY11. More solid statewide estimates will be available from PRAMS beginning in 2008.

**PERFORMANCE MEASURE # 16**

The rate (per 100,000) of suicide deaths among youths aged 15 through 19.

**Annual Objective and Performance Data**

	2004	2005	2006	2007	2008
Annual Performance Objective	5	5	4.3	4.3	4.3
Annual Indicator	4.3	4.5	3.7	3.6	4.2
Numerator	18	19	16	16	
Denominator	414,020	420,641	431,669	442,849	

**Data Source**

Mass. Vital Records

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

**Annual Objective and Performance Data**

	2009	2010	2011	2012	2013
Annual Performance Objective	4.2	4.2	4.1	4.1	4
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** Form11\_Performance Measure #16**Field Name:** PM16**Row Name:****Column Name:****Year:** 2008**Field Note:**

2008 death data are not available. We have estimated a 2008 rate higher than for 2007 that is more in line with the secular trend. See 2007 for the most recent data and see the Note for 2007 for data sources and other comments.

**2. Section Number:** Form11\_Performance Measure #16**Field Name:** PM16**Row Name:****Column Name:****Year:** 2007**Field Note:**

Data on deaths are taken from MDPH Vital Records for calendar years 2005 - 2007. Rates are now calculated as rolling 3-year averages. (I.e. the 2007 numerator is the sum of the 2005, 2006, and 2007 numbers of deaths (18, 11, and 19 respectively) and the denominator is the sum of the most recent Massachusetts population estimates for the age group for the same years, as provided by the MDPH Bureau of Health Information, Statistics, Research and Evaluation. The resulting denominators and age-specific rates may differ from those previously reported or published elsewhere.

**3. Section Number:** Form11\_Performance Measure #16**Field Name:** PM16**Row Name:****Column Name:****Year:** 2006**Field Note:**

Data on deaths are taken from MDPH Vital Records for calendar years 2004 - 2006. Rates are now calculated as rolling 3-year averages. (I.e. the 2006 numerator is the sum of the 2004, 2005, and 2006 numbers of deaths (19, 18, and 11 respectively) and the denominator is the sum of the Massachusetts population estimates for the age group for the same years, as provided by the MDPH Bureau of Health Information, Statistics, Research and Evaluation. The resulting denominators and age-specific rates may differ from those previously reported or published elsewhere.

**PERFORMANCE MEASURE # 17**

Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.

**Annual Objective and Performance Data**

	2004	2005	2006	2007	2008
<b>Annual Performance Objective</b>	85	86	88	86	86
<b>Annual Indicator</b>	88.2	85.6	85.5	88.5	88.5
<b>Numerator</b>	946	887	826	886	
<b>Denominator</b>	1,072	1,036	966	1,001	

**Data Source**

Mass. Vital Records

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

**Is the Data Provisional or Final?**

Provisional

Provisional

**Annual Objective and Performance Data**

	2009	2010	2011	2012	2013
<b>Annual Performance Objective</b>	88.5	88.7	88.7	88.9	88.9
<b>Annual Indicator</b>					
<b>Numerator</b>					
<b>Denominator</b>					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** Form11\_Performance Measure #17**Field Name:** PM17**Row Name:****Column Name:****Year:** 2008**Field Note:**

2008 birth data are not available. We have estimated the same rate as that for 2007. See 2007 for the most recent actual data and see the Note for 2007 for data sources and other comments.

**2. Section Number:** Form11\_Performance Measure #17**Field Name:** PM17**Row Name:****Column Name:****Year:** 2007**Field Note:**

Data on VLBW, birth hospitals, and resident births are from MDPH Vital Records for calendar year 2007. The nine Level III units are at Baystate Medical Center, Beth Israel Deaconess, Boston Medical Center, Brigham and Women's, Massachusetts General Hospital, Medical Center of Central Massachusetts, New England Medical Center, South Shore Hospital, and St. Elizabeth's Medical Center. Data include only those resident births that occurred in-state at Massachusetts hospitals, as the birth file used for analysis does not contain the necessary information (specific hospital of birth) for births to residents at out-of-state facilities to be categorized by Level III facility. In one region of the state enough births occur out-of-state (in Rhode Island) to distort the statistic otherwise.

Revised Hospital Licensure Regulations for Maternal-Newborn Services did not change the hospitals that we consider to have Level III units. Therefore the data reported are from the same nine hospitals as in previous years. The percentage of VLBW infants delivered in these 9 sites continues to fluctuate slightly and may be improving slightly, perhaps reflecting the impact of new regulations on the perinatal regional system and the facilities considered to be appropriate for high-risk deliveries and neonates. We are therefore treating the 2007 birth data as a new baseline. The impact of the regulatory changes on the system and on the resulting data is described in the narrative and will continue to be monitored in future years.

**3. Section Number:** Form11\_Performance Measure #17**Field Name:** PM17**Row Name:****Column Name:****Year:** 2006**Field Note:**

Data on VLBW, birth hospitals, and resident births are from MDPH Vital Records for calendar year 2006. The nine Level III units are at Baystate Medical Center, Beth Israel Deaconess, Boston Medical Center, Brigham and Women's, Massachusetts General Hospital, Medical Center of Central Massachusetts, New England Medical Center, South Shore Hospital, and St. Elizabeth's Medical Center. Data include only those resident births that occurred in-state at Massachusetts hospitals, as the birth file used for analysis does not contain the necessary information (specific hospital of birth) for births to residents at out-of-state facilities to be categorized by Level III facility. In one region of the state enough births occur out-of-state (in Rhode Island) to distort the statistic otherwise.

Revised Hospital Licensure Regulations for Maternal-Newborn Services did not change the hospitals that we consider to have Level III units. Therefore the data reported are from the same nine hospitals as in previous years. The percentage of VLBW infants delivered in these 9 sites continues to fluctuate slightly but remain essentially unchanged. The impact of the new regulations on the perinatal regional system and the facilities considered to be appropriate for high-risk deliveries and neonates is still to be seen. It is likely that new baselines will be established for 2007 births. The impact of the regulatory changes on the system and on the resulting data is described in the narrative and will be monitored in future years.



**PERFORMANCE MEASURE # 18**

Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.

**Annual Objective and Performance Data**

	2004	2005	2006	2007	2008
<b>Annual Performance Objective</b>	85	85	83	83	82
<b>Annual Indicator</b>	82.8	82.5	81.5	81.4	81.5
<b>Numerator</b>	64,958	63,410	63,326	63,408	
<b>Denominator</b>	78,460	76,824	77,670	77,934	
<b>Data Source</b>					Mass. Vital Records

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

**Annual Objective and Performance Data**

	2009	2010	2011	2012	2013
<b>Annual Performance Objective</b>	81.5	81.5	81.5	81.5	81.5
<b>Annual Indicator</b>					
<b>Numerator</b>					
<b>Denominator</b>					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** Form11\_Performance Measure #18**Field Name:** PM18**Row Name:****Column Name:****Year:** 2008**Field Note:**

2008 birth data are not available. We have estimated a similar rate to that for 2006. See 2007 for the most recent actual data and see the Note for 2007 for data sources and other comments.

We do not expect improvement in this rate for the foreseeable future, due to health care systems limitations in scheduling routine prenatal care within the first trimester of pregnancy.

**2. Section Number:** Form11\_Performance Measure #18**Field Name:** PM18**Row Name:****Column Name:****Year:** 2007**Field Note:**

Data are from MDPH Vital Records for calendar year 2007. This is the most recent year of data available.

The percentages shown differ from those published elsewhere, due to how missing data are handled. The MCHB definition of the denominator is specified as all resident births during the referenced year. In MassCHIP and most Massachusetts publications (such as Massachusetts Births), percentages are reported only for cases where information is known (i.e. the denominator excludes births for which data on the variable are missing). Using the MCHB definition reduces the calculated percentage slightly.

The percentage of women receiving prenatal care in the first trimester in Massachusetts continues to decline, from 84.3% in 2001 to 81.4% in 2007.

**3. Section Number:** Form11\_Performance Measure #18**Field Name:** PM18**Row Name:****Column Name:****Year:** 2006**Field Note:**

Data are from MDPH Vital Records for calendar year 2006.

The percentages shown differ from those published elsewhere, due to how missing data are handled. The MCHB definition of the denominator is specified as all resident births during the referenced year. In MassCHIP and most Massachusetts publications (such as Massachusetts Births), percentages are reported only for cases where information is known (i.e. the denominator excludes births for which data on the variable are missing). Using the MCHB definition reduces the calculated percentage slightly.

The percentage of women receiving prenatal care in the first trimester in Massachusetts continues to decline, from 84.3% in 2001 to 82.5% in 2006.

The continued lack of significant improvement in this measure continues to be of concern and is part of the perinatal disparities work that is reflected in our SPM #9. However, another major factor is that women are increasingly receiving appointments for their first prenatal visit after twelve weeks of pregnancy, often because they no longer need a health care visit to confirm a pregnancy due to the availability of accurate over-the-counter tests. This factor is not readily susceptible to change and we have adjusted our future performance objective goals to reflect a lower baseline of first trimester visits even among healthy and well-insured women.

**STATE PERFORMANCE MEASURE # 1**

The percentage of pregnancies among women age 18 and over that are intended.

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	75	76	76	76	79
Annual Indicator	75.6	75.6	78.4	78.4	80.3
Numerator					
Denominator					
Data Source					Mass. BRFSS bi-annual survey
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	80.3	81	81	82	82
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

**Field Level Notes****1. Section Number:** Form11\_State Performance Measure #1**Field Name:** SM1**Row Name:****Column Name:****Year:** 2008**Field Note:**

The data for the measure are available every other year from the Massachusetts Behavioral Risk Factor Surveillance System (BRFSS); the current survey data are for 2008. See the Detail Sheet (in Form 16) for this measure for definitions, data source and issues, and a discussion of its significance.

Our projected target rates have been raised again slightly, based on the continued improvement shown in the 2008 survey.

**2. Section Number:** Form11\_State Performance Measure #1**Field Name:** SM1**Row Name:****Column Name:****Year:** 2007**Field Note:**

There were no updated data for 2007. The data for this measure are available every other year from the Massachusetts Behavioral Risk Factor Surveillance System (BRFSS). The 2007 estimate is from the 2006 survey data. See the Detail Sheet (in Form 16) for this measure for definitions, data source and issues, and a discussion of its significance.

Our projected target rates have been raised, based on the 2006 improvements.

**3. Section Number:** Form11\_State Performance Measure #1**Field Name:** SM1**Row Name:****Column Name:****Year:** 2006**Field Note:**

The data for the measure are available every other year from the Massachusetts Behavioral Risk Factor Surveillance System (BRFSS); the reported survey data are for 2006. See the Detail Sheet (in Form 16) for this measure for definitions, data source and issues, and a discussion of its significance.

The weighted percentage has been revised - to 78.35% of pregnancies being intended -- to correct a typographical error in last year's application.

**STATE PERFORMANCE MEASURE # 2**

The percent of births to women who report not smoking during their current pregnancy.

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
<b>Annual Performance Objective</b>	91	91	92.5	92.5	93
<b>Annual Indicator</b>	92.4	92.5	92.5	92.3	93
<b>Numerator</b>	72,518	71,098	71,813	71,949	
<b>Denominator</b>	78,460	76,824	77,670	77,934	
<b>Data Source</b>					Mass. Vital Records
<b>Is the Data Provisional or Final?</b>				Final	Provisional

  

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
<b>Annual Performance Objective</b>	93	93	93	93	93
<b>Annual Indicator</b>					
<b>Numerator</b>					
<b>Denominator</b>					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** Form11\_State Performance Measure #2**Field Name:** SM2**Row Name:****Column Name:****Year:** 2008**Field Note:**

2008 birth data are not available. We have estimated the same rate as that for 2007. See 2007 for the most recent actual data and see the Note for 2007 for data sources and other comments.

We are not projecting any improvement in this rate from 2008 onward, primarily in light of some budget cuts in FY09 and larger additional cuts in FY10 due to the state budget crisis. These rates have previously been very sensitive to the level of state prevention and awareness programming.

See also NPM # 15 and its 2008 note for other data issues that are being reviewed. Due to differences between reported smoking rates from the birth certificate and PRAMS (which do not contain data items for precise comparison), there are some discrepancies between the future performance objectives shown for SPM #02 and NPM #15 at this time. One result of the analyses mentioned above will be a more formally coordinated set of projections.

**2. Section Number:** Form11\_State Performance Measure #2**Field Name:** SM2**Row Name:****Column Name:****Year:** 2007**Field Note:**

Maternal smoking during pregnancy and resident birth data are from MDPH, Vital Records for calendar year 2007. This is the most recent year of data available.

See the Detail Sheet for this measure for definitions of the numerator and denominator and a discussion of the limitations of the data. Early success slowed or reversed in 2002 and 2003, as funding for tobacco control activities was significantly reduced. Funding has become stabilized again and was growing, but at a lower level (although it is being reduced again in FY10), and we believe that our target levels are achievable.

The rates on Form 11 may differ from those published elsewhere, due to how missing data are handled. For comparability with other MCH Core Performance Measures related to pregnancy outcomes and birth statistics, we have defined the denominator for this Negotiated Measure as all resident births during the referenced year. In other Massachusetts publications (such as Massachusetts Births), percentages are usually reported based on denominators from which birth records with information missing about the variable have been removed. The result is a lower apparent rate.

See also NPM # 15 and its 2007 note for other data issues that are being reviewed. Due to differences between reported smoking rates from the birth certificate and PRAMS (which do not contain data items for precise comparison), there are some discrepancies between the future performance objectives shown for SPM #02 and NPM #15 at this time. One result of the analyses mentioned above and described in our FY09 Planned Activities for these measures, will be a more formally coordinated set of projections.

**3. Section Number:** Form11\_State Performance Measure #2**Field Name:** SM2**Row Name:****Column Name:****Year:** 2006**Field Note:**

Maternal smoking during pregnancy and resident birth data are from MDPH, Vital Records for calendar year 2006.

See the Detail Sheet for this measure for definitions of the numerator and denominator and a discussion of the limitations of the data. Early success slowed or reversed in 2002 and 2003, as funding for tobacco control activities was significantly reduced. Funding has become stabilized again and is growing, but at a lower level, and we believe that our target levels are achievable.

The rates on Form 11 may differ from those published elsewhere, due to how missing data are handled. For comparability with other MCH Core Performance Measures related to pregnancy outcomes and birth statistics, we have defined the denominator for this Negotiated Measure as all resident births during the referenced year. In other Massachusetts publications (such as Massachusetts Births), percentages are usually reported based on denominators from which birth records with information missing about the variable have been removed. The result is a lower apparent rate.

**STATE PERFORMANCE MEASURE # 3**

The percentage of women with an interpregnancy interval (IPI) less than 12 months.

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective			17	13.5	13.5
Annual Indicator	13.8	13.8	13.8	13.8	13.8
Numerator					
Denominator					
Data Source					PELL (linked births, hosp. dischs, & fetal deaths)
Is the Data Provisional or Final?				Provisional	Provisional

  

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	13.8	13.7	13.6	13.6	13.6
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** Form11\_State Performance Measure #3**Field Name:** SM3**Row Name:****Column Name:****Year:** 2008**Field Note:**

2008 birth data are not yet available for linkage. Therefore, no analysis can be done to calculate I.P.I. for 2008 using the Pregnancy to Early Life Longitudinal (PELL) data. We have estimated a similar rate to that projected for 2007, and only a gradual improvement through 2013.

**2. Section Number:** Form11\_State Performance Measure #3**Field Name:** SM3**Row Name:****Column Name:****Year:** 2007**Field Note:**

2007 birth data are not yet available for linkage. Therefore, no PELL analysis can be done to calculate IPI for 2007. We have estimated a similar rate to that projected for 2006.

See 2006 Note for information on methodology and PELL data linkage details.

**3. Section Number:** Form11\_State Performance Measure #3**Field Name:** SM3**Row Name:****Column Name:****Year:** 2006**Field Note:**

Data Source: PELL linked data from birth certificates and fetal death reports with hospital discharge records for mothers with deliveries. 2006 data have now been updated with final PELL data.

IPI is calculated using PELL as follows. Starting with all deliveries from 2006, women were linked to previous deliveries between 2006 and 2000. For those who had delivered twice in 2006, the latest delivery was included. Then for all women with deliveries in 2006, we linked back to the most recent delivery if available or to the last reported live birth if we were unable to link to any earlier pregnancies. IPI is calculated as the time passed between the delivery date of the first pregnancy and the start of the second pregnancy, as defined by the delivery date minus gestational age.

We calculated IPI two different ways. First we calculated it based on the delivery date of the most recent pregnancy linked. We also calculated it based on the reported date of last live birth. When we were able to calculate IPI using the most recent linked pregnancy, we used that as the final IPI. When we were unable to link any earlier pregnancies, we used the IPI as calculated based on reported date of last live birth, if available, as the final IPI. For those women for whom we could not identify an earlier delivery and who did not report an earlier live birth, IPI was not calculated.

Of the 78,382 women with deliveries in 2006, we identified 32,727 earlier deliveries. Of the 78,382 women, 76,206 were MA residents, for whom we identified 31,671 earlier deliveries. Although we were able to link back to only 31,671 earlier deliveries for MA residents, we were still able to calculate IPI for many of the women for whom we could not find deliveries because we were able to use their reported date of last live birth. Consequently, the total number of MA residents for whom IPI was calculated was 41,974 out of the 76,206.

Of the 41,974 MA residents for whom IPI was calculated, 13.8% had a short IPI defined an IPI less than twelve months. This is the final estimate for 2006.

**STATE PERFORMANCE MEASURE # 4**

Percent of children and youth (ages 3 - 18) enrolled in Medicaid who receive preventive dental services annually.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective			41	45	50
Annual Indicator	39.6	40.8	42.5	45.9	50.6
Numerator	143,959	151,089	165,682	180,416	201,655
Denominator	363,162	369,993	389,674	392,765	398,531
Data Source					Mass. Medicaid agency, HCFA Form 416
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	55	60	60	65	65
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** Form11\_State Performance Measure #4**Field Name:** SM4**Row Name:****Column Name:****Year:** 2008**Field Note:**

See the Detail Sheet for this measure for definitions of the numerator and denominator and a discussion of data limitations. The data correspond to those reported by DMA to HCFA on Form HCFA 416, Annual EPSDT Participation Report; the most recent data are from the period October 1, 2007 - September 30, 2008.

The rate continues to improve each year and we have adjusted some outyear Performance Objectives accordingly.

**2. Section Number:** Form11\_State Performance Measure #4**Field Name:** SM4**Row Name:****Column Name:****Year:** 2007**Field Note:**

See the Detail Sheet for this measure for definitions of the numerator and denominator and a discussion of data limitations. The data correspond to those reported by DMA to HCFA on Form HCFA 416, Annual EPSDT Participation Report; the most recent data are from the period October 1, 2006 - September 30, 2007.

**3. Section Number:** Form11\_State Performance Measure #4**Field Name:** SM4**Row Name:****Column Name:****Year:** 2006**Field Note:**

See the Detail Sheet for this measure for definitions of the numerator and denominator and a discussion of data limitations. The data correspond to those reported by DMA to HCFA on Form HCFA 416, Annual EPSDT Participation Report; the most recent data are from the period October 1, 2005 - September 30, 2006.

**STATE PERFORMANCE MEASURE # 6**

The extent to which the Commonwealth is making progress in developing a system to promote healthy weight, including nutrition and physical activity, as measured on a unique scale from 0 - 87.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective			24	1	64
Annual Indicator			24	56	64
Numerator			24	56	64
Denominator	87	87	87	87	87
Data Source					Program data
Is the Data Provisional or Final?				Final	Final

  

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	73	80	84	85	85
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** Form11\_State Performance Measure #6**Field Name:** SM6**Row Name:****Column Name:****Year:** 2008**Field Note:**

This measure is scored from a Checklist that includes five components (some with several subcomponents), each scored on a separate scale; the maximum total score is 87. See previous year's note and Notes to Form 16 (Detail Sheet) for details on components and scoring. See the Detail Sheet (in Form 16) for this measure for definitions and discussions of its significance and development.

The Checklist itself, with the FY08 scoring by component shown, is provided as an Attachment to the "Last Year's Accomplishments" sub-section of the narrative for this Measure.

**2. Section Number:** Form11\_State Performance Measure #6**Field Name:** SM6**Row Name:****Column Name:****Year:** 2007**Field Note:**

This measure is scored from a Checklist that includes five components (some with several subcomponents), each scored on a separate scale; the maximum total score is 87. The components are: 1) establishment of active internal task force to assure implementation of healthy weight systems as developed; 2) establishment of consistent nutrition and physical activity messages across core DPH programs and others as appropriate; 3) promotion of these consistent messages across all core DPH programs and others, including active engagement with external partners; 4) improved policies and systems for nutrition and healthy weight in schools; and 5) capacity to measure weight status and change in key programs: Essential School Health schools, school-based health centers, and WIC programs (through PNSS). See Notes to Form 16 (Detail Sheet) for details on components and scoring. See the Detail Sheet (in Form 16) for this measure for definitions and discussions of its significance and development.

How checklist is scored: A lead person with knowledge of the topic being measured works with a team to score the checklist and to propose target scores for future years. Team members may be responsible for different elements on the checklist, depending on the nature of the element and their expertise; some elements may be jointly scored. Checklists include multiple types of elements. Some come from survey results or other instruments, which directly translate into rating scheme on the checklist. Checklist elements have been designed to be as objective as possible, e.g., specifying a number of sites in which a program should be implemented to attain a given score. For example, the person with knowledge of the number of sites implementing the program scores that element and communicates the score to the lead person. When an element has some degree of subjectivity to it (e.g. if a question is raised about what constitutes program implementation), the team members negotiate a joint score. The proposed current and projected scores are reviewed and approved by the Title V director before being finalized.

The details on the specifications and scoring system for this measure were modified after it was proposed in our FY06 Application; it has not been modified this year.

Due to a glitch in the previous version of the EHB/TVIS software, we were not able to directly enter our Annual Performance Objectives for future years. This bug has been corrected and Annual Performance Measures are now shown for Years 2008 forward. However, we could not correct the FY07 Objective – which was 53. Our actual FY07 annual score was 56, above this target.

**3. Section Number:** Form11\_State Performance Measure #6**Field Name:** SM6**Row Name:****Column Name:****Year:** 2006**Field Note:**

This measure is scored from a Checklist that includes five components (some with several subcomponents), each scored on a separate scale; the maximum total score is 87. See Notes to Form 16 (Detail Sheet) for details on components and scoring. See the Detail Sheet (in Form 16) for this measure for definitions and discussions of its significance and development.

The details on the specifications and scoring system for this measure were modified after it was proposed in our FY06 Application. Further modifications – both in its content and scoring – are possible for future years. If it is modified, any objectives and previous scoring will be adjusted if possible for accurate trend analysis.

**STATE PERFORMANCE MEASURE # 8**

The percent of licensed child care centers serving children age birth to five who have on-site health consultation

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective			20	22.5	25
Annual Indicator		20	20	22.5	25
Numerator					
Denominator					
Data Source					State agency survey estimates
Is the Data Provisional or Final?				Provisional	Provisional

  

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	30	40	50	50	50
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

**Field Level Notes****1. Section Number:** Form11\_State Performance Measure #8**Field Name:** SM8**Row Name:****Column Name:****Year:** 2008**Field Note:**

The annual indicator percent is an estimate based on the previous years' numbers. Much of our work in capturing this data has been put on hold as EEC is still in the process of developing an electronic record system for all licensing information, which should yield a clearer picture of ECE program CCHC utilization. Based on program staff experience and anecdotal information, we believe the actual % continues to improve slightly.

**2. Section Number:** Form11\_State Performance Measure #8**Field Name:** SM8**Row Name:****Column Name:****Year:** 2007**Field Note:**

The annual indicator percent is an estimate based on the previous year's numbers. Much of our work in capturing this data has been put on hold as EEC is currently in the process of developing an electronic record system for all licensing information, which should yield a clearer picture of ECE program CCHC utilization.

**3. Section Number:** Form11\_State Performance Measure #8**Field Name:** SM8**Row Name:****Column Name:****Year:** 2006**Field Note:**

The annual indicator percent is an estimate by program staff based on information about past and current utilization of child care health consultants and surveys of child care consultants being initiated by MDPH. For 2006, responses to a preliminary survey were obtained from consultants serving approximately 50% of all child care sites.

**STATE PERFORMANCE MEASURE # 9**

The extent to which perinatal health disparities are addressed at the state and local levels, collaboratively with stakeholders and community partners, as measured by a unique scale from 0 - 33.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective			8	1	14
Annual Indicator			8	11	14
Numerator			8	11	14
Denominator	33	33	33	33	33
Data Source					Program data
Is the Data Provisional or Final?				Final	Final

  

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	18	20	24	27	31
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

**Field Level Notes****1. Section Number:** Form11\_State Performance Measure #9**Field Name:** SM9**Row Name:****Column Name:****Year:** 2008**Field Note:**

This measure is scored from a Checklist that includes a sequence of six components (some with subcomponents or steps), each scored on a separate scale; the maximum total score is 33. See Notes for 2007 and the notes to Form 16 (Detail Sheet) for details on components and scoring. See the Detail Sheet (in Form 16) for this measure for definitions and discussions of its significance and development.

The Checklist itself, with the FY08 scoring by component shown, is provided as an Attachment to the "Last Year's Accomplishments" sub-section of the narrative for this Measure.

Due to a glitch in the previous version of the EHB/TVIS software, we were not able to directly enter our Annual Performance Objectives for future years. This bug has been corrected and Annual Performance Measures are now shown for Years 2008 - 2013. However, we could not correct the FY07 Objective – which was 11 (not 1).

The Checklist and its scoring, along with outyear Performance Objectives have been modified, based on greater than expected progress in FY09. (See checklist attachment under Part IV. B. (State Priorities).)

**2. Section Number:** Form11\_State Performance Measure #9**Field Name:** SM9**Row Name:****Column Name:****Year:** 2007**Field Note:**

This measure is scored from a Checklist that includes a sequence of six components (some with subcomponents or steps), each scored on a separate scale; the maximum total score is 33. The components are: 1) development & implementation of a state plan & other support for programs that address perinatal disparities [Sub-components include: 1a) establishment of statewide advisory group to develop a state plan; 1b) revision & promulgation of state perinatal regulations; 1c) development of protocols to address racism in all state-supported perinatal programs; & 1d) development of statewide strategic plan with community input;]; 2) establishment of functioning community-based advisory groups in at least 5 communities with high perinatal disparities; 3) increased use of state & local data to develop community-based strategic plans; 4) MDPH engagement with communities with high perinatal disparities in development of their strategic plans; 5) completion & approval of strategic plans to address perinatal disparities in high disparity communities; and 6) the implementation of these plans. See Notes to Form 16 (Detail Sheet) for details on components and scoring.

How checklist is scored: A lead person with knowledge of the topic being measured works with a team to score the checklist and to propose target scores for future years. Team members may be responsible for different elements on the checklist, depending on the nature of the element and their expertise; some elements may be jointly scored. Checklists include multiple types of elements. Some come from survey results or other instruments, which directly translate into rating scheme on the checklist. Checklist elements have been designed to be as objective as possible, e.g., specifying a number of sites in which a program should be implemented to attain a given score. For example, the person with knowledge of the number of sites implementing the program scores that element and communicates the score to the lead person. When an element has some degree of subjectivity to it (e.g. if a question is raised about what constitutes program implementation), the team members negotiate a joint score. The proposed current and projected scores are reviewed and approved by the Title V director before being finalized.

Details on the specifications and scoring system for this measure were modified after it was proposed in our FY06 Application. Further modifications will be made to this measure during FY09, based on our first several years experience.

Due to a glitch in the previous version of the EHB/TVIS software, we were not able to directly enter our Annual Performance Objectives for future years. This bug has been corrected and Annual Performance Measures are now shown except for the FY07 Objective – which was 11 (not 1).

**3. Section Number:** Form11\_State Performance Measure #9**Field Name:** SM9**Row Name:****Column Name:****Year:** 2006**Field Note:**

This measure is scored from a Checklist that includes a sequence of six components (some with subcomponents or steps), each scored on a separate scale; the maximum total score is 33. See Notes for 2007 and the notes to Form 16 (Detail Sheet) for details on components and scoring. See the Detail Sheet (in Form 16) for this measure for definitions and discussions of its significance and development.



**STATE PERFORMANCE MEASURE # 10**

The percentage of adolescents reporting no current use (in past 30 days) of either alcohol or illicit drugs.

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective			59	59	66
Annual Indicator		59	59	66	66
Numerator					
Denominator					
Data Source					MA bi-annual Youth Hlth Survey
Is the Data Provisional or Final?				Final	Provisional

  

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	67	67	68	68	69
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

**Field Level Notes****1. Section Number:** Form11\_State Performance Measure #10**Field Name:** SM10**Row Name:****Column Name:****Year:** 2008**Field Note:**

This measure is based on information from the Massachusetts Youth Health Survey (MYHS). Because the MYHS results are reported as population-based estimates based on weighted survey data, only the percent will be reported, without numerators and denominators. Because the survey is conducted every other year, there are no new data for FY08 and the results of the 2007 survey are reported.

**2. Section Number:** Form11\_State Performance Measure #10**Field Name:** SM10**Row Name:****Column Name:****Year:** 2007**Field Note:**

This measure is based on information from the Massachusetts Youth Health Survey (MYHS). Because the MYHS results are reported as population-based estimates based on weighted survey data, only the percent will be reported, without numerators and denominators. The survey is conducted every other year and the data have been refreshed from the FY07 survey.

Illicit drug use asked about includes those in the HP 2010 definition (with the exception that hashish is not asked), plus specific questions about "club drugs," over-the-counter drugs to get high; use without a prescription of steroids, Ritalin or Oxycontin; and drugs from prescriptions that weren't his/her own.

In 2004 on MYHS, over half (59%) of Massachusetts middle and high school students reported no alcohol or drug use. This became the baseline for this new state measure.

**3. Section Number:** Form11\_State Performance Measure #10**Field Name:** SM10**Row Name:****Column Name:****Year:** 2006**Field Note:**

This measure is based on information from the Massachusetts Youth Health Survey (MYHS). Because the MYHS results are reported as population-based estimates based on weighted survey data, only the percent will be reported, without numerators and denominators. Because the survey is conducted every other year, there are no new data to report for FY06. However, the FY07 survey has just been completed and initial analyses made available. Based on that preliminary information, we have modified future year objectives upward.

Illicit drug use asked about includes those in the HP 2010 definition (with the exception that hashish is not asked), plus specific questions about "club drugs," over-the-counter drugs to get high; use without a prescription of steroids, Ritalin or Oxycontin; and drugs from prescriptions that weren't his/her own.

In 2004 on MYHS, over half (59%) of Massachusetts middle and high school students reported no alcohol or drug use. This is the baseline for this new state measure.

**STATE PERFORMANCE MEASURE # 11**

The percentage of Massachusetts births that occur in a hospital that has an active Shaken Baby Syndrome Prevention Program.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective					70
Annual Indicator				0.0	76
Numerator				0	
Denominator				78,000	
Data Source					Program data
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes**

1. **Section Number:** Form11\_State Performance Measure #11

**Field Name:** SM11

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

This is a new State Performance Measure which was added in FY09. The percentage rate is estimated from preliminary baseline information from program staff. Based on the rate of adoption of the program model, we now expect all hospitals to have active programs by the end of FY09. As a result, the measure may be modified or dropped during our 5-Year needs assessment process.

2. **Section Number:** Form11\_State Performance Measure #11

**Field Name:** SM11

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Not Applicable. This is a new State Performance Measure which was added in FY09.

**FORM 12**  
**TRACKING HEALTH OUTCOME MEASURES**  
[SECS 505 (A)(2)(B)(III) AND 506 (A)(2)(A)(III)]  
**STATE: MA**

**Form Level Notes for Form 12**

None

**OUTCOME MEASURE # 01**

The infant mortality rate per 1,000 live births.

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	5	4.8	4.8	4.8	4.8
Annual Indicator	4.8	5.1	4.8	4.9	4.8
Numerator	376	391	369	380	
Denominator	78,460	76,824	77,670	77,934	
Data Source					
Check this box if you cannot report the numerator because					
1. There are fewer than 5 events over the last year, and					
2. The average number of events over the last 3 years is fewer					
than 5 and therefore a 3-year moving average cannot be					
applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2009	2010	2011	2012	2013
Annual Performance Objective	4.8	4.8	4.8	4.8	4.8
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are				
Denominator	not required for future year data.				

**Field Level Notes**

- Section Number:** Form12\_Outcome Measure 1  
**Field Name:** OM01  
**Row Name:**  
**Column Name:**  
**Year:** 2008  
**Field Note:**  
 2008 birth and infant mortality data are not available. We have estimated a similar rate to that for 2006, hoping that the rise in the rate in 2007 is not a trend indication.
- Section Number:** Form12\_Outcome Measure 1  
**Field Name:** OM01  
**Row Name:**  
**Column Name:**  
**Year:** 2007  
**Field Note:**  
 Data are from MDPH Vital Records for the calendar year 2007, the most recent data available.
- Section Number:** Form12\_Outcome Measure 1  
**Field Name:** OM01  
**Row Name:**  
**Column Name:**  
**Year:** 2006  
**Field Note:**  
 Data are from MDPH Vital Records for the calendar year 2006.

**OUTCOME MEASURE # 02**

The ratio of the black infant mortality rate to the white infant mortality rate.

**Annual Objective and Performance Data**

	2004	2005	2006	2007	2008
Annual Performance Objective	2	2	2	2	2
Annual Indicator	2.6	1.9	2.4	2.3	2.2
Numerator	11	9.3	10.5	10	
Denominator	4.3	4.8	4.4	4.4	

**Data Source**

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

**Annual Objective and Performance Data**

	2009	2010	2011	2012	2013
Annual Performance Objective	2	2	2	2	2
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes**

1. **Section Number:** Form12\_Outcome Measure 2

**Field Name:** OM02

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

2008 birth and infant mortality data are not available. We have estimated a slightly improved rate to that for 2007.

Despite inconsistent progress in reducing this critical measure of health disparities, we continue to set our target at meeting the 2010 H.P. objective of a ratio of 2:1.

2. **Section Number:** Form12\_Outcome Measure 2

**Field Name:** OM02

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

2007 birth and infant mortality data are not available. We have estimated a similar rate to that for 2006.

Despite a lack of consistent progress in reducing this critical measure of health disparities, we will continue to set our target at meeting the 2010 H.P. objective of a ratio of 2:1.

3. **Section Number:** Form12\_Outcome Measure 2

**Field Name:** OM02

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Data are from MDPH Vital Records for the calendar year 2006, the most recent data available.

**OUTCOME MEASURE # 03**

The neonatal mortality rate per 1,000 live births.

**Annual Objective and Performance Data**

	2004	2005	2006	2007	2008
Annual Performance Objective	3.6	3.6	3.6	3.6	3.6
Annual Indicator	3.7	3.7	3.6	3.4	3.4
Numerator	288	282	279	263	
Denominator	78,460	76,824	77,670	77,934	

**Data Source**

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

**Annual Objective and Performance Data**

	2009	2010	2011	2012	2013
Annual Performance Objective	3.4	3.4	3.4	3.4	3.4
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes**

1. **Section Number:** Form12\_Outcome Measure 3

**Field Name:** OM03

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

2008 birth and infant mortality data are not available. We have estimated a similar rate to that for 2007.

Over 86% of neonatal deaths are in the very early neonatal period (under 7 days) and most of these are within 24 hours. We have modified our future outcome objectives with the goal of maintaining the 2007 rate through 2013.

Because these deaths are the driving factor behind the perinatal death rate (see Outcome Measure #05), we have modified those rates as well to reflect the reduction in the neonatal death rate.

2. **Section Number:** Form12\_Outcome Measure 3

**Field Name:** OM03

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Data are from MDPH Vital Records for the calendar year 2007, the most recent data available.

3. **Section Number:** Form12\_Outcome Measure 3

**Field Name:** OM03

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Data are from MDPH Vital Records for the calendar year 2006.

**OUTCOME MEASURE # 04**

The postneonatal mortality rate per 1,000 live births.

**Annual Objective and Performance Data**

	2004	2005	2006	2007	2008
Annual Performance Objective	1.2	1.2	1.2	1.2	1.2
Annual Indicator	1.1	1.4	1.2	1.5	1.2
Numerator	84	109	90	117	
Denominator	78,460	76,824	77,670	77,934	

**Data Source**

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

**Annual Objective and Performance Data**

	2009	2010	2011	2012	2013
Annual Performance Objective	1.2	1.2	1.2	1.2	1.2

**Annual Indicator****Numerator****Denominator**

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes**

1. **Section Number:** Form12\_Outcome Measure 4

**Field Name:** OM04

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

2008 birth and infant mortality data are not available. We have estimated a similar rate to that for 2006, until we can determine if the rise in the 2007 rate (in a year when the neonatal mortality rate fell but the overall infant mortality rate rose slightly) is a trend indication.

2. **Section Number:** Form12\_Outcome Measure 4

**Field Name:** OM04

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Data are from MDPH Vital Records for the calendar year 2007, the most recent data available.

3. **Section Number:** Form12\_Outcome Measure 4

**Field Name:** OM04

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Data are from MDPH Vital Records for the calendar year 2006.

**OUTCOME MEASURE # 05**

The perinatal mortality rate per 1,000 live births plus fetal deaths.

**Annual Objective and Performance Data**

	2004	2005	2006	2007	2008
Annual Performance Objective	6	5.6	5.8	5.5	5.5
Annual Indicator	5.8	5.3	5.5	5.0	5.1
Numerator	456	409	431	391	
Denominator	78,460	77,010	77,858	77,934	

**Data Source**

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

**Annual Objective and Performance Data**

	2009	2010	2011	2012	2013
Annual Performance Objective	5.1	5.1	5.1	5.1	5.1
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** Form12\_Outcome Measure 5

**Field Name:** OM05

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

2008 birth, infant mortality, and fetal deaths data are not available. We have estimated a similar rate to that for 2007.

Over 86% of neonatal deaths are in the very early neonatal period (under 7 days) and most of these are within 24 hours. We have modified our future outcome objectives for total neonatal deaths (Outcome Measure #03) to maintain the 2007 rate of 3.4 through 2013. Because these deaths are the driving factor behind the perinatal death rate, we have modified these rates as well to reflect the lower neonatal death rate. The result is a projected maintenance rate of 5.1 through 2013.

**2. Section Number:** Form12\_Outcome Measure 5

**Field Name:** OM05

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Data are from MDPH Vital Records (births, infant mortality, and fetal deaths) for the calendar year 2007, the most recent data available. The rate improved in 2007.

**3. Section Number:** Form12\_Outcome Measure 5

**Field Name:** OM05

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Data are from MDPH Vital Records (births, infant mortality, and fetal deaths) for the calendar year 2006.

**OUTCOME MEASURE # 06**

The child death rate per 100,000 children aged 1 through 14.

**Annual Objective and Performance Data**

	2004	2005	2006	2007	2008
Annual Performance Objective	15	14	14	12	11
Annual Indicator	13.3	11.8	11.2	11.0	11
Numerator	151	133	125	122	
Denominator	1,135,433	1,127,828	1,116,590	1,105,942	

**Data Source**

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

**Annual Objective and Performance Data**

	2009	2010	2011	2012	2013
Annual Performance Objective	11	10.9	10.7	10.5	10.5
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** Form12\_Outcome Measure 6

**Field Name:** OM06

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

2008 death data are not available. We have estimated the same rate to that for 2007. See 2007 for the most recent actual data and see the Note for 2007 for data sources and other comments.

**2. Section Number:** Form12\_Outcome Measure 6

**Field Name:** OM06

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Data on deaths are taken from MDPH Vital Records for calendar years 2005 - 2007. This is the most recent year of data available. Rates are now calculated as rolling 3-year averages. (I.e. the 2007 numerator is the average of the 2005, 2006, and 2007 numbers of deaths (113, 124, and 128, respectively) and the denominator is the average of the most recent Massachusetts population estimates for the age group for the same years. The resulting denominators and age-specific rates may differ from those previously reported or published elsewhere.

**3. Section Number:** Form12\_Outcome Measure 6

**Field Name:** OM06

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Data on deaths are taken from MDPH Vital Records for calendar years 2004 - 2006. Rates are now calculated as rolling 3-year averages. (I.e. the 2006 numerator is the average of the 2004, 2005, and 2006 numbers of deaths (137, 113, and 124 respectively) and the denominator is the average of the most recent Massachusetts population estimates for the age group for the same years. The resulting denominators and age-specific rates may differ from those previously reported or published elsewhere.



**FORM 13**  
**CHARACTERISTICS DOCUMENTING FAMILY PARTICIPATION IN CSHCN PROGRAMS**  
**STATE: MA**

1. Family members participate on advisory committee or task forces and are offering training, mentoring, and reimbursement, when appropriate.

3

2. Financial support (financial grants, technical assistance, travel, and child care) is offered for parent activities or parent groups.

3

3. Family members are involved in the Children with Special Health Care Needs elements of the MCH Block Grant Application process.

2

4. Family members are involved in service training of CSHCN staff and providers.

3

5. Family members hired as paid staff or consultants to the State CSHCN program (a family member is hired for his or her expertise as a family member).

3

6. Family members of diverse cultures are involved in all of the above activities.

2

**Total Score:** 16

**Rating Key**

0 = Not Met

1 = Partially Met

2 = Mostly Met

3 = Completely Met

## FORM NOTES FOR FORM 13

None

### FIELD LEVEL NOTES

1. **Section Number:** Form13\_Main  
**Field Name:** Question1  
**Row Name:** #1. Family members participate on advisory committee or task forces...  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Many families are involved in all CYSHCN program activities in multiple capacities. Invitations to participate are always backed up with training and mentoring.
2. **Section Number:** Form13\_Main  
**Field Name:** Question2  
**Row Name:** #2. Financial support (...) is offered for parent activities or parent groups.  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
We support all families whom we ask to provide feedback or participate on committees and task forces. Families who access skill-building and training are not usually compensated.
3. **Section Number:** Form13\_Main  
**Field Name:** Question3  
**Row Name:** #3. Family members are involved in the Children with Special Health Care Needs...  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Family members are involved in all policy making, program development, and needs assessment updates. Massachusetts will work to do a better job of insuring that families fully understand the Block Grant and where their input is going. This will be a major focus during our Needs Assessment process in FY10.
4. **Section Number:** Form13\_Main  
**Field Name:** Question4  
**Row Name:** #4. Family members are involved in service training of CSHCN staff and providers.  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Family staff are actively encouraged to attend all in-service training opportunities. Because many are not full-time employees, they cannot always participate. We are working to make opportunities more accessible for them.
5. **Section Number:** Form13\_Main  
**Field Name:** Question5  
**Row Name:** #5. Family members hired as paid staff or consultants to the State CSHCN program...  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
This is a major strength of the Massachusetts CYSHCN program. Currently we have 15 full-time or part-time employees and over 50 consultants or stipended family members.
6. **Section Number:** Form13\_Main  
**Field Name:** Question6  
**Row Name:** #6. Family members of diverse cultures are involved in all of the above activities  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
The number of family members from diverse cultures continues to increase. We are seeing marked improvement in staff confidence in relationship building. As part of CYSHCN strategic planning, one Action Team works on diversity and infusing cultural competence across the program.

**FORM 14**  
**LIST OF MCH PRIORITY NEEDS**

[Sec. 505(a)(5)]

**STATE: MA FY: 2010**

Your State's 5-year Needs Assessment should identify the need for preventive and primary care services for pregnant women, mothers, and infants; preventive and primary care services for children and services for Children with Special Health Care Needs. With each year's Block Grant application, provide a list (whether or not the priority needs change) of the top maternal and child health needs in your state. Using simple sentence or phrase, list below your State's needs. Examples of such statements are: "To reduce the barriers to the delivery of care for pregnant women, " and "The infant mortality rate for minorities should be reduced."

MCHB will capture annually every State's top 7 to 10 priority needs in an information system for comparison, tracking, and reporting purposes; you must list at least 7 and no more than 10. Note that the numbers listed below are for computer tracking only and are not meant to indicate priority order. If your State wishes to report more than 10 priority needs, list additional priority needs in a note at the form level.

1. Improve the health and well-being of women in their childbearing years.
2. Improve adolescent health through coordinated youth development and risk reduction.
3. Improve supports for the successful transition of youth with special health needs to adulthood.
4. Integrate service systems and data, and use data to inform practice.
5. Increase capacity to promote healthy weight.
6. Develop and implement initiatives that address violence against women, children, and youth.
7. Increase the integration of unintentional injury prevention into relevant MCH programs.
8. Improve oral health.
9. Develop and implement public health programs, policies and collaborations that promote positive mental health.
10. Reduce health disparities.

**FORM NOTES FOR FORM 14**

None

**FIELD LEVEL NOTES**

None

**FORM 15**  
**TECHNICAL ASSISTANCE(TA) REQUEST**

STATE: MA

APPLICATION YEAR: 2010

No.	Category of Technical Assistance Requested	Description of Technical Assistance Requested (max 250 characters)	Reason(s) Why Assistance Is Needed (max 250 characters)	What State, Organization or Individual Would You suggest Provide the TA (if known) (max 250 characters)
1.	<b>General Systems Capacity Issues</b> If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>      N/A      </u>	The Massachusetts Department of Public Health Title V Program is seeking technical assistance addressing General Systems Capacity Issues.	Our CYSHN program strategic planning process has moved to an action team/implementation mode. We are seeking TA to continue this process with areas of focus including Medical Home, Youth Transition, Stakeholder Engagement and Capacity Building.	We would contract with The Ripples Group, Inc., a Boston based consulting firm with whom we have worked extensively in the past. They are high skilled, focused and efficient in their consulting role.
2.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>                    </u>			
3.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>                    </u>			
4.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>                    </u>			
5.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>                    </u>			
6.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>                    </u>			
7.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>                    </u>			
8.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>                    </u>			
9.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>                    </u>			
10.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the			

	measure number here: _____			
11.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
12.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			

**FORM NOTES FOR FORM 15**

None

**FIELD LEVEL NOTES**

None

**FORM 16**  
**STATE PERFORMANCE AND OUTCOME MEASURE DETAIL SHEET**  
**STATE: MA**

SP # 1

**PERFORMANCE MEASURE:**

The percentage of pregnancies among women age 18 and over that are intended.

**STATUS:**

Active

**GOAL**

To reduce unintended pregnancies.

**DEFINITION**

This measure is based on information from the Massachusetts Behavioral Risk Factor Surveillance System (BRFSS). Among women who were pregnant or had been pregnant within the past 5 years when interviewed, the pregnancy was defined as intended (or not unplanned) if she wanted to be pregnant then or sooner. Because the BRFSS results are reported as population-based estimates based on weighted survey data, only the percent will be reported, without numerators and denominators.

**Numerator:**

The number of pregnancies to women age 18 and over that are intended.

**Denominator:**

The total number of pregnancies to women age 18 and over.

**Units:** 100 **Text:** Percent

**HEALTHY PEOPLE 2010 OBJECTIVE**

**DATA SOURCES AND DATA ISSUES**

Massachusetts Behavioral Risk Factor Survey System (BRFSS). The questions addressing this measure are now included every other year (beginning in 1998); no comparable data are available for previous years. The questions will be asked every other year. Thus projected Annual Performance Objectives will be measured in alternate years. Because the BRFSS is a survey of persons age 18 and over, this measure does not capture the degree to which pregnancies to younger teens are intended.

**SIGNIFICANCE**

Unintended pregnancy is both frequent and widespread in the U.S. The most recent estimate from the National Survey of Family Growth indicates that 49% of all pregnancies are unintended, either mistimed or unwanted altogether; this % is higher than found in several other Western democracies. Unintended pregnancy affects all segments of society but the highest rates tend to be among women who are ages 18-24, unmarried, low-income, black or Hispanic. Unintended pregnancy is related to adverse health outcomes for both mothers and infants, imposing appreciable burdens on children and families.



SP # 2

**PERFORMANCE MEASURE:**

The percent of births to women who report not smoking during their current pregnancy.

**STATUS:**

Active

**GOAL**

To reduce the use of tobacco products by women of reproductive age, thus reducing a number of health risks for the mother, the fetus, and young children.

**DEFINITION**

**Numerator:**

The number of births to resident women giving birth in the calendar year who report not smoking during their pregnancy, as recorded on birth certificates.

**Denominator:**

Number of total resident live births in the calendar year.

**Units:** 100 **Text:** Percent

**HEALTHY PEOPLE 2010 OBJECTIVE**

16-17 Increase abstinence from alcohol, cigarettes, and illicit drugs among pregnant women  
Objective 16-17c measures the percent of women having live =births reporting abstaining from cigarette smoking during pregnancy. The national baseline (1998) is 87%.

**DATA SOURCES AND DATA ISSUES**

Massachusetts Department of Public Health; Vital Records. In monitoring this measure over time, we will also examine the degree to which women who are smoking when they became pregnant either stop smoking or reduce their smoking intensity during the pregnancy. While the quality of the data on smoking have improved in recent years, it is important to note that the data are based on self-reported behavior. Implementation of PRAMS in Massachusetts soon will add to the quality and depth of the data. Program-specific data on this measure and related ones are also collected and monitored. Reduction in smoking during pregnancy is a contract performance measure for perinatal service programs funded by the Bureau.

**SIGNIFICANCE**

Tobacco smoke has a direct effect on reproductive health. Tobacco use during pregnancy is recognized as the leading preventable cause of poor birth outcomes in Massachusetts. Particularly, smoking increases by 50% the probability of having a low birth weight infant. We continue to place attention on a number of tobacco education and cessation initiatives and integrated primary health care messages for pregnant women and, to decrease the pool of women entering pregnancy as smokers, we are also focusing initiatives on women of child bearing age who smoke. The Massachusetts baseline for 2003 is 85.5%.

SP # 3

**PERFORMANCE MEASURE:**

The percentage of women with an interpregnancy interval (IPI) less than 12 months.

**STATUS:**

Active

**GOAL**

To decrease short interpregnancy intervals (IPIs) and improve perinatal outcomes.

**DEFINITION**

Using PELL (Pregnancy and Early Life Longitudinal) linked hospital discharge, birth and fetal death data, MDPH will calculate interpregnancy interval. If the date of beginning of the second pregnancy (date of birth in Births or PELL or date of fetal death in PELL minus the week gestation) minus the end of the first pregnancy (date of birth or date of fetal death) is less than 12 months, then the IPI is short.

**Numerator:**

The number of women who have at least one live birth or fetal death with prior live birth or fetal death where the IPI is less than 12 months.

**Denominator:**

The number of women who have at least one live birth or fetal death with prior live birth or fetal death.

**Units:** 100 **Text:** Percent

**HEALTHY PEOPLE 2010 OBJECTIVE**

**DATA SOURCES AND DATA ISSUES**

Source: Massachusetts PELL (Pregnancy and Early Life Linkage) database. The methodology is two-part. Part A: Using longitudinally-linked birth certificate data, women who delivered in the most recent year with linked data available are linked back to any prior births/fetal deaths, in particular, their most recent prior birth/fetal death. If the date of beginning of the second pregnancy (DOB for infant or date of fetal death minus the week gestation) minus the end of the first pregnancy (DOB for infant or date of fetal death) is less than 12 months, then the IPI is short. Part B: The date of the end of the last pregnancy variable on the birth certificate (available from PELL) is used for women with no linked birth/fetal death who delivered in the same year as Part A. If the time between this date and the beginning of the second pregnancy (as calculated in part a) is less than one year, then the IPI is short. The result is a calculated rate, without numerator or denominator.

**SIGNIFICANCE**

Short IPIs are associated with poor pregnancy outcomes. We will also stratify short IPI incidence by geography, race/Hispanic ethnicity, payer source and age to determine disparities. PELL is well suited for this analysis because analyses can follow women retrospectively and prospectively, combine data over years to examine small area variation, and obtain better payer information using linked birth certificate records and hospital discharge data. The baseline statewide mean percent of women with short IPIs from 1998 to 2001 was 9% prospectively and 18% retrospectively. DPH had originally proposed prospective calculation of short IPI from PELL and will continue to calculate prospective IPI as a valuable measure; however, using this method for Title V reporting would unduly delay estimates. PELL longitudinal linkage (Part A) captures some prior pregnancies not reported on birth certificates and it enables more accurate calculations for some intervals than the birth variable. At the same time, the birth certificate variable (Part B) captures some prior pregnancies (in particular, out-of-state) that are not in PELL. Combining the two methods yields the closest possible retrospective estimate of short IPI. Short IPI from Births alone, used to provide estimates before longitudinal linkage is complete, will underestimate the percentage. Over time, DPH may be able to factor in the % underestimated.

SP # 4

**PERFORMANCE MEASURE:**

Percent of children and youth (ages 3 - 18) enrolled in Medicaid who receive preventive dental services annually.

**STATUS:**

Active

**GOAL**

To assure that children and youth enrolled in Medicaid (MassHealth) receive the benefits of regular dental care to promote lifelong oral health.

**DEFINITION**

**Numerator:**

Number of children (ages 3 to 18) who have received a dental assessment (see definition below) from MassHealth (Medicaid) during the fiscal year.

**Denominator:**

Total number of children (ages 3 to 18) enrolled in MassHealth (Medicaid) during the reporting period (federal fiscal year).

**Units:** 100 **Text:** Percent

**HEALTHY PEOPLE 2010 OBJECTIVE**

21-12 Dental services for low-income children

Objective 21-12 reads in full: Increase the proportion of low-income children and adolescents who received any preventive dental service during the past year. It is defined as being the number of children under age 19 at or below 200% of the Federal poverty level. The national baseline (1996) was 20%.

**DATA SOURCES AND DATA ISSUES**

Massachusetts Department of Medical Assistance (DMA) - MassHealth. Medicaid Management Information System. HCFA 416 - Annual EPSDT Participation Report, October 1 - September 30.

**SIGNIFICANCE**

Access to regular dental care can be a major problem for Medicaid recipients due to the low participation rates of dentists in Medicaid, low Medicaid reimbursement rates, and the lack of other public dental health services in many areas. A legislative Oral Health Commission report issued in early 2000 made a number of recommendations to improve access to dental care across the lifespan. A number of state initiatives to address this problem have been undertaken: state support to expand community health center dental care capacity coverage; increases to Medicaid (MassHealth) rates; and rules changes to allow dentists to limit the number of Medicaid clients they accept. (Without this change, dentists choose to reject all Medicaid clients as they cannot control volume and the Medicaid rate structure presents significant financial issues for many.) Monitoring the impact of these changes on utilization of preventive oral health services among the targeted populations is critical.

**PERFORMANCE MEASURE:**

The extent to which the Commonwealth is making progress in developing a system to promote healthy weight, including nutrition and physical activity, as measured on a unique scale from 0 - 87.

**STATUS:**

Active

**GOAL**

To improve the overall health of the population, particularly among women, children, and adolescents, through promoting healthy weight, good nutrition, and regular physical activity.

**DEFINITION**

This measure is scored from a Checklist that includes five components (some with several subcomponents), each scored on a separate scale; the maximum total score is 87. The components are: 1) establishment of active internal task force to assure implementation of healthy weight systems as developed; 2) establishment of consistent nutrition and physical activity messages across core DPH programs and others as appropriate; 3) promotion of these consistent messages across all core DPH programs and others, including active engagement with external partners; 4) improved policies and systems for nutrition and healthy weight in schools; and 5) capacity to measure weight status and change in key programs: Essential School Health schools, school-based health centers, and WIC programs (through PNSS). See Notes to this Form for further details on components and scoring. A copy of the checklist is attached to Part IV, Section B.

**Numerator:**

None

**Denominator:**

None

**Units:** 87 **Text:** Scale

**HEALTHY PEOPLE 2010 OBJECTIVE**

19-3 Overweight or obesity in children and adolescents.

Text of Objective and sub-objectives: 19-3: Reduce the proportion of children and adolescents who are overweight or obese. 19-3a: Children ages 6 - 11 years 19-3b: Adolescents ages 12 to 19 years 19-3c: Children and adolescents ages 6 to 19 years. Overweight/obese is defined as having a BMI at or above the gender- and age- specific 95th percentile from CDC U.S. Growth Charts. US baseline (1988-94) was 11%.

22-6 and 22-7 Moderate [and Vigorous] physical activity in adolescents

22-6: Increase the proportion of adolescents who engage in moderate physical activity for at least 30 minutes on 5 or more of the previous 7 days. 22-7: Increase the proportion of adolescents who engage in vigorous physical activity that promotes cardiovascular fitness 3 or more days per week for 20 or more minutes per occasion.

**DATA SOURCES AND DATA ISSUES**

Various MDPH program datasets (for measurement and reporting of BMIs and appropriate pregnancy weight gain). MDPH staff and partners assessments of progress (consistent messages, process and outcome evaluations and baselines; policies and systems implementation in schools and school-based health centers). Some components of the measure are aimed at improving the extent and quality of the data available for assessing progress.

**SIGNIFICANCE**

The importance of healthy weight as a public health objective is well documented, as is the seriousness of the problems of obesity, overweight, and reduced physical activity to the nation's health and well-being. This measure seeks to monitor our progress in several areas - surveillance and data quality improvement, adopting and implementing consistent public health messages, environmental changes in key institutions (e.g. schools), and addressing change at multiple age levels. It builds upon existing initiatives and collaborative efforts through WIC, the Massachusetts Overweight Prevention and Control Initiative, the Massachusetts Partnership for Healthy Weight, a number of school-based projects, and others. It also represents a logical set of next steps from our previous State Performance Measure related to nutrition.

SP # 8

**PERFORMANCE MEASURE:**

The percent of licensed child care centers serving children age birth to five who have on-site health consultation

**STATUS:**

Active

**GOAL**

To increase the number of licensed child care providers that receive annual visits from a child care health consultant.

**DEFINITION**

The percent of licensed child care centers serving children age birth to five who have on-site health consultation, measured as at least one visit by a child care health consultant (CCHC) annually. This measure has been adopted as part of a MCH Region 1 (New England) effort to develop at least one joint measure for use across the region, with an emphasis on choosing an asset-based measure. The measure remains a work in progress, and subject to change or modification, in collaboration with our regional colleagues.

**Numerator:**

Number of licensed center-based facilities that serve children under six years of age who have received a visit from a child care health consultant in the past year.

**Denominator:**

Licensed center-based facilities that serve any child under six years of age. (n=~2,000)

**Units:** 100 **Text:** Percent

**HEALTHY PEOPLE 2010 OBJECTIVE**

**DATA SOURCES AND DATA ISSUES**

Data sources are still to be determined and we do not currently have the data necessary to report on the measure annually. However, attempts are underway to determine if a database and reporting system can be developed and maintained so that Massachusetts can use this Region 1 joint measure. We are working very closely with the state Department of Early Education and Care (EEC), which is the child care licensing agency for Massachusetts. Efforts to improve the data are being done in conjunction with the state's Early Child Care Systems (MECCS) grant, which is managed through the Title V agency. Further details on our current data issues and the activities underway to resolve them are included in the Note to this Detail Sheet.

**SIGNIFICANCE**

Child care health consultants (CCHCs) play a critical role in promoting healthy and safe child care environments and supporting education for children (including children with special needs), their families, and child care providers. CCHCs also improve access to preventive health services such as medical and dental homes, early intervention and family support. As the majority of CCHCs in Massachusetts are not paid and they are not mandated to visit programs, they have been underutilized and are widely perceived as mostly "a name on a piece of paper." DPH plans to work with EEC to determine how to best utilize CCHCs to promote health and safety in child care settings. EEC is currently revising their child care regulations and reviewing their strategies for promoting quality, comprehensive child care services, including such health issues as medication administration, health screening, and emergency preparedness. We hope to promote a plan to create an infrastructure of active CCHCs.

SP # 9

**PERFORMANCE MEASURE:**

The extent to which perinatal health disparities are addressed at the state and local levels, collaboratively with stakeholders and community partners, as measured by a unique scale from 0 - 33.

**STATUS:**

Active

**GOAL**

To reduce perinatal disparities in outcomes for both mothers and infants in Massachusetts, working collaboratively and in partnership with communities at both state and local levels.

**DEFINITION**

This measure is defined and tracked by scores on a checklist of three multi-faceted components of an systematic approach to reduce perinatal disparities: developing and implementing a state plan (including perinatal regulations revisions and protocols for addressing racism); state support for development of corresponding community plans; and promoting the use of data to inform policy and prioritize actions. See Notes for details on the components and scoring. A copy of the checklist is also attached to Part IV, Section B. In future years a copy with current scores will be provided as an attachment with the Measure in Part IV, Section D. The possible total score ranges from 0 to 33.

**Numerator:**

None

**Denominator:**

None

**Units:** 33 **Text:** Scale

**HEALTHY PEOPLE 2010 OBJECTIVE**

**DATA SOURCES AND DATA ISSUES**

Self-assessment by state and communities; documentation of regulations, protocols, state and community plans.

**SIGNIFICANCE**

A majority of overall pregnancy outcomes in the state continue to improve and are lower than the U.S. rates in many instances. However, continuing racial and ethnic disparities in perinatal outcomes persist. Although IMRs for most racial/ethnic populations declined from 1995 to 2002, little change has been noted in the differences between racial/ethnic populations. The 1998-2002 Feto-Infant Mortality Rates (FIMRs) for the state overall and for the three largest cities were 2- to 3-fold higher for black mothers. The "excess" FIMRs were mainly due to maternal health/prematurity factors. Adequacy of prenatal care and early initiation of care also remain discrepant across racial/ethnic populations. Through the CDC/AMCHP MATRICHs project, a 9-month on-line course, MDPH staff received training to identify a critical policy issue and use state, local and national data to inform policy direction and program priorities. Massachusetts identified perinatal disparities as the policy issue to address through the MATRICHs process; this new state performance measure will track our progress on both policy and program improvements. Enhancing the capacity of community partners to address perinatal disparities in their communities is a critical need and is a focus of the measure.

**PERFORMANCE MEASURE:**

The percentage of adolescents reporting no current use (in past 30 days) of either alcohol or illicit drugs.

**STATUS:**

Active

**GOAL**

To reduce the risk behaviors of drinking and doing drugs among adolescents, along with other resulting risks such as high-risk sexual activity, violence, etc.

**DEFINITION**

This measure is based on information from the Massachusetts Youth Health Survey (MYHS). Because the MYHS results are reported as population-based estimates based on weighted survey data, only the percent will be reported, without numerators and denominators. Illicit drug use asked about includes those in the HP 2010 definition (with the exception that hashish is not asked), plus specific questions about "club drugs," over-the-counter drugs to get high; use without a prescription of steroids, Ritalin or Oxycontin; and drugs from prescriptions that weren't his/her own. In 2004 on MYHS, over half (59%) of Massachusetts middle and high school students reported no alcohol or drug use. This is the baseline for this new state measure.

**Numerator:**

The number of middle school and high school students who report not using either alcohol or any illicit drugs within the past 30 days

**Denominator:**

The number of middle school and high school students responding to the survey.

**Units:** 100 **Text:** Percent

**HEALTHY PEOPLE 2010 OBJECTIVE**

26-10a - Youth using no alcohol or illicit drugs in past 30 days.

Full text of 26-10a: Increase the proportion of adolescents not using alcohol or any illicit drugs during the past 30 days. [Illicit drugs defined as marijuana, hashish, cocaine (including crack), inhalants, hallucinogens, heroin, or any non-medical use of analgesics, tranquilizers, stimulants, or sedatives.] Baseline (1998) - 79%; adolescents ages 12 to 17.

**DATA SOURCES AND DATA ISSUES**

This measure is based on information from the Massachusetts Youth Health Survey (MYHS). Because the MYHS results are reported as population-based estimates based on weighted survey data, only the percent will be reported, without numerators and denominators. MYHS is collected in public middle schools and high schools. In FY07 the MYHS will be administered in a cooperative project with the Massachusetts YRBS. This will be the first administration of the MYHS since 2004. The surveys will be administered to a stratified, random sample of 7,000 middle and high school students across the state. The survey data do not extend to youth in private schools or not in school and are self-reported. In 2005, the Massachusetts Department of Education conducted its annual YRBS. The percentage of adolescents reporting no current use of either alcohol or illicit drugs cannot be calculated from the YRBS for the middle school, as it is only administered in the public high schools.

**SIGNIFICANCE**

Alcohol and drug use remain a substantial risk behavior among middle and high school youth. Both male and female students report similar lifetime and current alcohol use rates, with Hispanic students reporting the highest use in both categories. Lifetime and current use of alcohol, marijuana, and other illicit drugs all increase by grade. Studies have found that almost twice as many youth aged 12 to 17 perceive risk from cigarette use compared with marijuana use or binge drinking. Massachusetts rates of binge drinking and marijuana use significantly exceed national rates, while cigarette smoking does not. Given the clustering of adolescent risk factors and behaviors and their resulting health impacts (from motor vehicle mortality and morbidity to data rape), much work remains to be done to work with youth, those who interact with them, and the environments in which they live to reduce these risk behaviors. The percentage of students who report current alcohol use has declined dramatically (43 percent in 2005 vs. 51 percent in 1991) since the first YRBS survey. National survey results indicate that alcohol and other drug use has remained stable or declined since 2004. It is expected that the reported 59% adolescents reporting no current use (in the past 30 days) of either alcohol or illicit drug will remain stable, with some improvement.

SP # 11

**PERFORMANCE MEASURE:**

The percentage of Massachusetts births that occur in a hospital that has an active Shaken Baby Syndrome Prevention Program.

**STATUS:**

Active

**GOAL**

To reduce the incidence of abuse head trauma by assuring that all parents/caregivers of newborns receive information prior to hospital discharge about infant crying, infant soothing techniques and the dangers of shaking an infant.

**DEFINITION**

This measure will calculate the percentage of all Massachusetts resident births that occur in Massachusetts hospitals that are in compliance with state law and regulations regarding shaken baby syndrome parent education.

**Numerator:**

# of live births annually in Massachusetts hospitals with documentation that mandated parent education program is being implemented

**Denominator:**

Total number of Massachusetts live births annually

**Units:** 100 **Text:** Percent

**HEALTHY PEOPLE 2010 OBJECTIVE**

**DATA SOURCES AND DATA ISSUES**

MDPH Vital Records for births; MDPH Shaken Baby Syndrome database for hospitals to be included in numerator. Quality of the numerator (whether all parents/caregivers in the given hospital are actually given the education) will be based on fidelity to program implementation plan, which will be confirmed through random chart review and other evaluation measures for the program.

**SIGNIFICANCE**

Estimates of the incidence of infants severely damaged by being shaken range from 1 to 3 per 10,000 children under two. Shaken Baby Syndrome is the most common cause of death in abused children. There may be many other less severe cases that are never diagnosed, but cause permanent, although more subtle, damage. Infant crying is thought to be a significant trigger for shaking so education that normalizes infant crying and increases caregiver capacity to soothe infants may reduce abusive head trauma and overall child abuse in infants.



**FORM NOTES FOR FORM 16**

None

**FIELD LEVEL NOTES**

None

**FORM 17**  
**HEALTH SYSTEMS CAPACITY INDICATORS**  
**FORMS FOR HSCI 01 THROUGH 04, 07 & 08 - MULTI-YEAR DATA**  
**STATE: MA**

**Form Level Notes for Form 17**

None

**HEALTH SYSTEMS CAPACITY MEASURE # 01**

The rate of children hospitalized for asthma (ICD-9 Codes: 493.0 -493.9) per 10,000 children less than five years of age.

	<b>Annual Indicator Data</b>				
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Indicator</b>	63.8	60.4	69.6	72.0	72
<b>Numerator</b>	2,525	2,415	2,699	2,715	
<b>Denominator</b>	395,662	400,113	387,863	376,848	

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

**Field Level Notes**

**1. Section Number:** Form17\_Health Systems Capacity Indicator #01

**Field Name:** HSC01

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

Hospitalization data for 2008 are not yet available from the Massachusetts Uniform Hospital Discharge Data System (UHDDS), Division of Health Care Finance and Policy. We have estimated the same rate as that for 2007. See 2007 for the most recent actual data and see the Note for 2007 for data sources and other comments.

**2. Section Number:** Form17\_Health Systems Capacity Indicator #01

**Field Name:** HSC01

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Hospitalization data are from Massachusetts Uniform Hospital Discharge Data System (UHDDS), Division of Health Care Finance and Policy, 2007. The 2007 denominator is from the most recent population estimates for Massachusetts, as provided by the Bureau of Health Information, Statistics, Research and Evaluation. The denominator -- and thus the rate -- have been updated. The resulting denominators and age-specific rates may differ from those previously reported or published elsewhere.

The numerator includes hospitalizations where asthma was either the primary diagnosis or a contributing cause.

**3. Section Number:** Form17\_Health Systems Capacity Indicator #01

**Field Name:** HSC01

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Hospitalization data are from Massachusetts Uniform Hospital Discharge Data System (UHDDS), Division of Health Care Finance and Policy, 2006. The 2006 denominator is from population estimates for Massachusetts, as provided by the Bureau of Health Information, Statistics, Research and Evaluation. The resulting denominators and age-specific rates may differ from those previously reported or published elsewhere.

The numerator includes hospitalizations where asthma was either the primary diagnosis or a contributing cause.

**HEALTH SYSTEMS CAPACITY MEASURE # 02**

The percent Medicaid enrollees whose age is less than one year during the reporting year who received at least one initial periodic screen.

	<b>Annual Indicator Data</b>				
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Indicator</b>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>
<b>Numerator</b>	<u>29,582</u>	<u>33,012</u>	<u>36,022</u>	<u>37,126</u>	<u>37,458</u>
<b>Denominator</b>	<u>29,582</u>	<u>33,012</u>	<u>36,022</u>	<u>37,126</u>	<u>37,458</u>

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

**Field Level Notes**

1. **Section Number:** Form17\_Health Systems Capacity Indicator #02

**Field Name:** HSC02

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

Data Source: Massachusetts Division of Medical Assistance (state Medicaid agency), Medicaid Management Information System. Form HCFA 416: Annual EPSDT Participation Report for period October 1, 2007 to September 30, 2008.

2. **Section Number:** Form17\_Health Systems Capacity Indicator #02

**Field Name:** HSC02

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Data Source: Massachusetts Division of Medical Assistance (state Medicaid agency), Medicaid Management Information System. Form HCFA 416: Annual EPSDT Participation Report for period October 1, 2006 to September 30, 2007.

3. **Section Number:** Form17\_Health Systems Capacity Indicator #02

**Field Name:** HSC02

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Data Source: Massachusetts Division of Medical Assistance (state Medicaid agency), Medicaid Management Information System. Form HCFA 416: Annual EPSDT Participation Report for period October 1, 2005 to September 30, 2006.

The values have been adjusted to correct a typo in last year's submission; the rate of 100% remains the same.

**HEALTH SYSTEMS CAPACITY MEASURE # 03**

The percent State Childrens Health Insurance Program (SCHIP) enrollees whose age is less than one year during the reporting year who received at least one periodic screen.

	<b>Annual Indicator Data</b>				
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Indicator</b>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>
<b>Numerator</b>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
<b>Denominator</b>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

**Field Level Notes**

1. **Section Number:** Form17\_Health Systems Capacity Indicator #03

**Field Name:** HSC03

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

Indicator is NOT APPLICABLE

All infants under 200% FPL are eligible for Medicaid rather than SCHIP.

2. **Section Number:** Form17\_Health Systems Capacity Indicator #03

**Field Name:** HSC03

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Indicator is NOT APPLICABLE

All infants under 200% FPL are eligible for Medicaid rather than SCHIP.

3. **Section Number:** Form17\_Health Systems Capacity Indicator #03

**Field Name:** HSC03

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Data Source: Massachusetts Division of Medical Assistance (state Medicaid agency). All infants under 200% FPL are eligible for Medicaid rather than SCHIP.

**HEALTH SYSTEMS CAPACITY MEASURE # 04**

The percent of women (15 through 44) with a live birth during the reporting year whose observed to expected prenatal visits are greater than or equal to 80 percent on the Kotelchuck Index.

	<b>Annual Indicator Data</b>				
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Indicator</b>	<u>83.3</u>	<u>83.0</u>	<u>82.1</u>	<u>81.6</u>	<u>82</u>
<b>Numerator</b>	<u>65,178</u>	<u>63,565</u>	<u>63,568</u>	<u>63,386</u>	<u></u>
<b>Denominator</b>	<u>78,232</u>	<u>76,573</u>	<u>77,391</u>	<u>77,646</u>	<u></u>

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

**Field Level Notes**

1. **Section Number:** Form17\_Health Systems Capacity Indicator #04

**Field Name:** HSC04

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

2008 birth data are not available. We have estimated the same rate as that for 2007. See 2007 for the most recent actual data and see the Note for 2007 for data sources and other comments.

2. **Section Number:** Form17\_Health Systems Capacity Indicator #04

**Field Name:** HSC04

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Birth data are from MDPH, Vital Records for calendar year 2007 (the most recent year available). The Kotelchuck Index is calculated and reported routinely by the Department and is available in MassCHIP, which is the source for the 2007 data.

3. **Section Number:** Form17\_Health Systems Capacity Indicator #04

**Field Name:** HSC04

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Birth data are from MDPH, Vital Records for calendar year 2006. The Kotelchuck Index is calculated and reported routinely by the Department and is available in MassCHIP, which is the source for the 2006 data.

**HEALTH SYSTEMS CAPACITY MEASURE # 07A**

Percent of potentially Medicaid-eligible children who have received a service paid by the Medicaid Program.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	93.3	93.6	96.7	96.7	97.3
Numerator	407,918	431,448	457,592		505,517
Denominator	437,296	460,826	473,158		519,426

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

**Field Level Notes****1. Section Number:** Form17\_Health Systems Capacity Indicator #07A**Field Name:** HSC07A**Row Name:****Column Name:****Year:** 2008**Field Note:**

Data Sources: The numerator is the number of children aged 0 - 18 ever enrolled in Medicaid (MassHealth) during FY 2008; all children enrolled are assumed to have had at least one service paid for by the program. The denominator is made up of two components. The first is the total number of children aged 0 - 18 enrolled in MassHealth during that period. The second is an estimate of children not enrolled in Medicaid who might be eligible for it, defined as the estimated number of children at or below 200% FPL (26% of 1,621,137) who are reported as uninsured through state surveys (3.3% of those under 150%, used as closest and conservative proxy). These calculations yield an estimate of 13,909 children possibly eligible for Medicaid but not enrolled during FY2008. Medicaid enrollment data: HHS, CMS, "FY2008 Medicaid Children Annual Enrollment Report." Data are the unduplicated number of children (defined as under age 19) ever enrolled in the Medicaid program in FY 2008, as reported by the state into the CHIP Statistical Enrollment Data System (SEDS). [www.cms.hhs.gov/NationalCHIPPolicy/CHIPER](http://www.cms.hhs.gov/NationalCHIPPolicy/CHIPER).

% of children Uninsured estimate: Massachusetts Division of Health Care Finance and Policy, "Health Insurance Coverage in Massachusetts: Estimates from the 2008 Massachusetts Health Insurance Survey." Updated March 2009.

Estimate of % of children below 200% of poverty: Annie E. Casey Foundation. KidsCount Data Center. Analysis of data from the 2007 American Community Survey.

**2. Section Number:** Form17\_Health Systems Capacity Indicator #07A**Field Name:** HSC07A**Row Name:****Column Name:****Year:** 2007**Field Note:**

Updated 2007 enrollment data for Medicaid are not available. We have estimated a similar rate as for 2006, which is probably an underestimate given the aggressive outreach and enrollment activities tied to Health Care Reform that began during FY07.

**3. Section Number:** Form17\_Health Systems Capacity Indicator #07A**Field Name:** HSC07A**Row Name:****Column Name:****Year:** 2006**Field Note:**

Service data are provided by the Division of Medical Assistance. The numerator is the number of children aged 0 - 18 who received a service paid by MassHealth (Medicaid) during the state fiscal year. All children enrolled are assumed to have had at least one service paid for by the program. The denominator is made up of two components. The first is the total number of children aged 0 - 18 enrolled in MassHealth during the same period. The second is an estimate of children not enrolled in Medicaid who might be eligible for it, defined as the estimated number of children at or below 200% FPL (the Massachusetts cut-off for Medicaid for children) who are reported as uninsured through state surveys.

For FY06, the denominator is the sum of 457,592 children enrolled in MassHealth and an estimate of 15,566 children unenrolled eligibles under age 19. [See previous years' notes for more details on methodology.]

The percent of eligibles enrolled in MassHealth rose in FY06, as the impact of Health Care Reform and the expansion of Medicaid and SCHIP eligibility began to take effect, leaving fewer low income children potentially eligible but not enrolled.

**HEALTH SYSTEMS CAPACITY MEASURE # 07B**

The percent of EPSDT eligible children aged 6 through 9 years who have received any dental services during the year.

	<b>Annual Indicator Data</b>				
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Indicator</b>	<u>48.9</u>	<u>50.3</u>	<u>51.9</u>	<u>56.4</u>	<u>61.0</u>
<b>Numerator</b>	<u>43,549</u>	<u>45,318</u>	<u>49,648</u>	<u>54,817</u>	<u>60,452</u>
<b>Denominator</b>	<u>89,055</u>	<u>90,075</u>	<u>95,723</u>	<u>97,160</u>	<u>99,037</u>

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

**Field Level Notes**

1. **Section Number:** Form17\_Health Systems Capacity Indicator #07B

**Field Name:** HSC07B

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

Data Source: Massachusetts Division of Medical Assistance (state Medicaid agency), Medicaid Management Information System. Form HCFA 416: Annual EPSDT Participation Report for period October 1, 2007 to September 30, 2008.

2. **Section Number:** Form17\_Health Systems Capacity Indicator #07B

**Field Name:** HSC07B

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Data Source: Massachusetts Division of Medical Assistance (state Medicaid agency), Medicaid Management Information System. Form HCFA 416: Annual EPSDT Participation Report for period October 1, 2006 to September 30, 2007.

The calculations used DMA changed in 2003, resulting in a new baseline level. Since then, there has been a modest but steady increase each year in the percentage of children receiving preventive dental services. Improvements in MassHealth dental care reimbursement rates for services to children and other systems improvements are expected to cause continued improvement in this indicator. Massachusetts has a related State Performance Measure that addresses the use of preventive Medicaid dental services for children ages 3 – 18; See SPM # 04 for more information on changes in the MassHealth system and our involvement in them.

3. **Section Number:** Form17\_Health Systems Capacity Indicator #07B

**Field Name:** HSC07B

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Data Source: Massachusetts Division of Medical Assistance (state Medicaid agency), Medicaid Management Information System. Form HCFA 416: Annual EPSDT Participation Report for period October 1, 2005 to September 30, 2006.

The calculations used DMA changed in 2003, resulting in a new baseline level. Since then, there has been a modest increase each year in the percentage of children receiving preventive dental services. Improvements in MassHealth dental care reimbursement rates for services to children and other systems improvements are expected to cause continued improvement in this indicator. Massachusetts has a related State Performance Measure that addresses the use of preventive Medicaid dental services for children ages 3 – 18; See SPM # 04 for more information on changes in the MassHealth system and our involvement in them.

**HEALTH SYSTEMS CAPACITY MEASURE # 08**

The percent of State SSI beneficiaries less than 16 years old receiving rehabilitative services from the State Children with Special Health Care Needs (CSHCN) Program.

	<b>Annual Indicator Data</b>				
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Indicator</b>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>
<b>Numerator</b>	<u>17,270</u>	<u>18,150</u>	<u>19,129</u>	<u>20,247</u>	<u>20,895</u>
<b>Denominator</b>	<u>17,270</u>	<u>18,150</u>	<u>19,129</u>	<u>20,247</u>	<u>20,895</u>

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

**Field Level Notes**

1. **Section Number:** Form17\_Health Systems Capacity Indicator #08

**Field Name:** HSC08

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

All SSI beneficiaries in Massachusetts are automatically enrolled in Medicaid. The breadth of the Medicaid benefit package in the state leaves Title V with no residual responsibilities because "the extent medical assistance for such services is not provided by Medicaid" is zero. To indicate the degree to which such services are available to the SSI population, the numerator is the same as the number of children on SSI.

The data are from the Social Security Administration, Supplemental Security Record (Characteristic Extract Record format) and include children under age 18 and are for children receiving benefits as of December 2008.

2. **Section Number:** Form17\_Health Systems Capacity Indicator #08

**Field Name:** HSC08

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

All SSI beneficiaries in Massachusetts are automatically enrolled in Medicaid. The breadth of the Medicaid benefit package in the state leaves Title V with no residual responsibilities because "the extent medical assistance for such services is not provided by Medicaid" is zero. To indicate the degree to which such services are available to the SSI population, the numerator is the same as the number of children on SSI.

The data are from the Social Security Administration, Supplemental Security Record (Characteristic Extract Record format) and include children under age 18 and are for children receiving benefits as of December 2007.

3. **Section Number:** Form17\_Health Systems Capacity Indicator #08

**Field Name:** HSC08

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

All SSI beneficiaries in Massachusetts are automatically enrolled in Medicaid. The breadth of the Medicaid benefit package in the state leaves Title V with no residual responsibilities because "the extent medical assistance for such services is not provided by Medicaid" is zero. To indicate the degree to which such services are available to the SSI population, the numerator is the same as the number of children on SSI.

The data are from the Social Security Administration and include children under age 18 (not 16) and are for children receiving benefits as of December 2005.

[http://www.ssa.gov/policy/docs/statcomps/ssi\\_children/2005/table05.pdf](http://www.ssa.gov/policy/docs/statcomps/ssi_children/2005/table05.pdf)



**FORM 18**  
**HEALTH SYSTEMS CAPACITY INDICATOR #05**  
**(MEDICAID AND NON-MEDICAID COMPARISON)**  
**STATE: MA**

INDICATOR #05 <i>Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State</i>	YEAR	DATA SOURCE	POPULATION		
			MEDICAID	NON-MEDICAID	ALL
a) <i>Percent of low birth weight (&lt; 2,500 grams)</i>	2007	Payment source from birth certificate	<u>8.9</u>	<u>7.5</u>	<u>7.9</u>
b) <i>Infant deaths per 1,000 live births</i>	2007	Payment source from birth certificate	<u>6.5</u>	<u>4.3</u>	<u>4.9</u>
c) <i>Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester</i>	2007	Payment source from birth certificate	<u>71.2</u>	<u>84.8</u>	<u>81.4</u>
d) <i>Percent of pregnant women with adequate prenatal care(observed to expected prenatal visits is greater than or equal to 80% [Kotelchuck Index])</i>	2007	Payment source from birth certificate	<u>73.5</u>	<u>84.4</u>	<u>81.6</u>

**FORM 18**  
**HEALTH SYSTEMS CAPACITY INDICATOR #06(MEDICAID ELIGIBILITY LEVEL)**  
**STATE: MA**

<b>INDICATOR #06</b> <i>The percent of poverty level for eligibility in the State's Medicaid programs for infants (0 to 1), children, Medicaid and pregnant women.</i>	<b>YEAR</b>	<b>PERCENT OF POVERTY LEVEL MEDICAID</b> (Valid range: 100-300 percent)
a) <i>Infants (0 to 1)</i>	2008	200
b) <i>Medicaid Children</i> (Age range <u>    </u> 1 to <u>    </u> 18 ) (Age range <u>    </u> to <u>    </u> ) (Age range <u>    </u> to <u>    </u> )	2008	150
c) <i>Pregnant Women</i>	2008	200

**FORM 18**  
**HEALTH SYSTEMS CAPACITY INDICATOR #06(SCHIP ELIGIBILITY LEVEL)**  
**STATE: MA**

<b>INDICATOR #06</b> <i>The percent of poverty level for eligibility in the State's SCHIP programs for infants (0 to 1), children, SCHIP and pregnant women.</i>	<b>YEAR</b>	<b>PERCENT OF POVERTY LEVEL SCHIP</b>
a) <i>Infants (0 to 1)</i>	2008	300
b) <i>Medicaid Children</i> (Age range <u>    </u> 1 to <u>    </u> 18 ) (Age range <u>    </u> to <u>    </u> ) (Age range <u>    </u> to <u>    </u> )	2008	300
c) <i>Pregnant Women</i>	2008	200

## FORM NOTES FOR FORM 18

None

### FIELD LEVEL NOTES

- 1. Section Number:** Form18\_Indicator 06 - SCHIP  
**Field Name:** SCHIP\_Infant  
**Row Name:** Infants  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
All infants under 200% FPL are eligible for Medicaid rather than SCHIP; between 200 to 300% FPL they are eligible for SCHIP.
- 2. Section Number:** Form18\_Indicator 06 - SCHIP  
**Field Name:** SCHIP\_Children  
**Row Name:** SCHIP Children  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Under 150% FPL, children are eligible for Medicaid rather than SCHIP. Between 150% and 300% FPL, children are eligible for the non-Medicaid portion of SCHIP – assistance with the payment of insurance premiums; this includes Family Assistance/Direct Coverage and Family Assistance/Premium Assistance.
- 3. Section Number:** Form18\_Indicator 06 - SCHIP  
**Field Name:** SCHIP\_Women  
**Row Name:** Pregnant Women  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Technically, pregnant women are not eligible for SCHIP, but remain eligible based on age or income for Medicaid. If they are ineligible for Medicaid but are at or below 225% FPL, they are eligible for Healthy Start pregnancy-related services through SCHIP as coverage for the unborn child.
- 4. Section Number:** Form18\_Indicator 05  
**Field Name:** LowBirthWeight  
**Row Name:** Percent of ow birth weight (<2,500 grams)  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Birth data are from MDPH, Vital Records for calendar year 2007 (the most recent year available). The percentages shown differ from those published elsewhere, due to how missing data are handled. The MCHB definition of the denominator is specified as all resident births during the referenced year. In MassCHIP and most Massachusetts publications (such as Massachusetts Births), percentages are reported only for cases where information is known (i.e. the denominator excludes births for which data on the variable are missing). Using the MCHB definition reduces the calculated percentage slightly.
- 5. Section Number:** Form18\_Indicator 05  
**Field Name:** InfantDeath  
**Row Name:** Infant deaths per 1,000 live births  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Data are from MDPH, Vital Records, Births and Linked Birth / Infant Death files. Data are for 2007, the most recent year available. Note that the linked file for 2007 only includes 376 infant deaths, while there were a total of 380 infant deaths in 2007. The calculated rates shown here may therefore differ from those published elsewhere.
- 6. Section Number:** Form18\_Indicator 05  
**Field Name:** CareFirstTrimester  
**Row Name:** Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Birth data are from MDPH, Vital Records for calendar year 2007 (the most recent year available).  
The percentages shown differ from those published elsewhere, due to how missing data are handled. The MCHB definition of the denominator is specified as all resident births during the referenced year. In MassCHIP and most Massachusetts publications (such as Massachusetts Births), percentages are reported only for cases where information is known (i.e. the denominator excludes births for which data on the variable are missing). Using the MCHB definition reduces the calculated percentage slightly.
- 7. Section Number:** Form18\_Indicator 05  
**Field Name:** AdequateCare  
**Row Name:** Percent of pregnant women with adequate prenatal care  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Birth data are from MDPH, Vital Records for calendar year 2007 (the most recent year available).  
The percentages shown differ from those published elsewhere, due to how missing data are handled. The MCHB definition of the denominator is specified as all resident births during the referenced year. In MassCHIP and most Massachusetts publications (such as Massachusetts Births), percentages are reported only for cases where information is known (i.e. the denominator excludes births for which data on the variable are missing). Using the MCHB definition reduces the calculated percentage slightly.  
The Kotelchuck Index is calculated and reported routinely by the Department and is available in MassCHIP, which is the source for the 2007 data.

**FORM 19**  
**HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM**  
**STATE: MA**

**HEALTH SYSTEMS CAPACITY INDICATOR #09A (General MCH Data Capacity)**  
*(The Ability of the State to Assure MCH Program Access to Policy and Program Relevant Information)*

<b>DATABASES OR SURVEYS</b>	<b>Does your MCH program have the ability to obtain data for program planning or policy purposes in a timely manner? (Select 1 - 3) *</b>	<b>Does your MCH program have Direct access to the electronic database for analysis? (Select Y/N)</b>
<b>ANNUAL DATA LINKAGES</b>		
Annual linkage of infant birth and infant death certificates	3	Yes
Annual linkage of birth certificates and Medicaid Eligibility or Paid Claims Files	2	No
Annual linkage of birth certificates and WIC eligibility files	2	Yes
Annual linkage of birth certificates and newborn screening files	3	Yes
<b>REGISTRIES AND SURVEYS</b>		
Hospital discharge survey for at least 90% of in-State discharges	3	Yes
Annual birth defects surveillance system	3	Yes
Survey of recent mothers at least every two years (like PRAMS)	3	Yes

\*Where:  
1 = No, the MCH agency does not have this ability.  
2 = Yes, the MCH agency sometimes has this ability, but not on a consistent basis.  
3 = Yes, the MCH agency always has this ability.

**FORM 19**  
**HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM**  
**STATE: MA**

DATA SOURCES	Does your state participate in the YRBS survey? (Select 1 - 3)*	Does your MCH program have direct access to the state YRBS database for analysis? (Select Y/N)
Youth Risk Behavior Survey (YRBS)	3	Yes
Other: Youth Health Survey	3	Yes

\*Where:  
1 = No  
2 = Yes, the State participates but the sample size is not large enough for valid statewide estimates for this age group.  
3 = Yes, the State participates and the sample size is large enough for valid statewide estimates for this age group.

**Notes:**  
1. HEALTH SYSTEMS CAPACITY INDICATOR #09B was formerly reported as Developmental Health Status Indicator #05.

**FORM NOTES FOR FORM 19**

None

**FIELD LEVEL NOTES**

None

**FORM 20**  
**HEALTH STATUS INDICATORS #01-#05**  
**MULTI-YEAR DATA**  
**STATE: MA**

**Form Level Notes for Form 11**

None

**HEALTH STATUS INDICATOR MEASURE # 01A**

The percent of live births weighing less than 2,500 grams.

	<b>Annual Indicator Data</b>				
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Indicator</b>	<u>7.8</u>	<u>7.9</u>	<u>7.9</u>	<u>7.9</u>	<u>7.9</u>
<b>Numerator</b>	<u>6,125</u>	<u>6,073</u>	<u>6,150</u>	<u>6,147</u>	<u>        </u>
<b>Denominator</b>	<u>78,460</u>	<u>76,824</u>	<u>77,670</u>	<u>77,934</u>	<u>        </u>

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer  
 than 5 and therefore a 3-year moving average cannot be  
 applied.

*(Explain data in a year note. See Guidance, Appendix IX.)*

**Is the Data Provisional or Final?**

Final

Provisional

**Field Level Notes**

**1. Section Number:** Form20\_Health Status Indicator #01A

**Field Name:** HSI01A

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

2008 birth data are not available. We have estimated the same rate as that for 2007. See 2007 for the most recent actual data and see the Note for 2007 for data sources and other comments.

**2. Section Number:** Form20\_Health Status Indicator #01A

**Field Name:** HSI01A

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Data for both the numerator and denominator are taken from MDPH Vital Records for calendar year 2007. This is the most recent year of data available. The denominator is all resident births for the year.

**3. Section Number:** Form20\_Health Status Indicator #01A

**Field Name:** HSI01A

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Data for both the numerator and denominator are taken from MDPH Vital Records for calendar year 2006. The denominator is all resident births for the year.

**HEALTH STATUS INDICATOR MEASURE # 01B**

The percent of live singleton births weighing less than 2,500 grams.

		<b>Annual Indicator Data</b>			
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Indicator</b>	<u>5.4</u>	<u>5.6</u>	<u>5.8</u>	<u>5.7</u>	<u>5.7</u>
<b>Numerator</b>	<u>4,015</u>	<u>4,126</u>	<u>4,264</u>	<u>4,258</u>	<u></u>
<b>Denominator</b>	<u>74,677</u>	<u>73,258</u>	<u>74,146</u>	<u>74,498</u>	<u></u>
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
<b>Is the Data Provisional or Final?</b>				Final	Provisional

**Field Level Notes****1. Section Number:** Form20\_Health Status Indicator #01B**Field Name:** HSI01B**Row Name:****Column Name:****Year:** 2008**Field Note:**

2008 birth data are not available. We have estimated the same rate as that for 2007. See 2007 for the most recent actual data and see the Note for 2007 for data sources and other comments.

**2. Section Number:** Form20\_Health Status Indicator #01B**Field Name:** HSI01B**Row Name:****Column Name:****Year:** 2007**Field Note:**

Data for both the numerator and denominator are taken from MDPH Vital Records for calendar year 2007. This is the most recent year of data available. The denominator is all resident singleton births for the year.

**3. Section Number:** Form20\_Health Status Indicator #01B**Field Name:** HSI01B**Row Name:****Column Name:****Year:** 2006**Field Note:**

Data for both the numerator and denominator are taken from MDPH Vital Records for calendar year 2006. The denominator is all resident singleton births for the year.



**HEALTH STATUS INDICATOR MEASURE # 02A**

The percent of live births weighing less than 1,500 grams.

		<b>Annual Indicator Data</b>			
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Indicator</b>	<u>1.5</u>	<u>1.4</u>	<u>1.3</u>	<u>1.4</u>	<u>1.4</u>
<b>Numerator</b>	<u>1,148</u>	<u>1,098</u>	<u>1,041</u>	<u>1,053</u>	<u></u>
<b>Denominator</b>	<u>78,460</u>	<u>76,824</u>	<u>77,670</u>	<u>77,934</u>	<u></u>
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
<b>Is the Data Provisional or Final?</b>				Final	Provisional

**Field Level Notes****1. Section Number:** Form20\_Health Status Indicator #02A**Field Name:** HSI02A**Row Name:****Column Name:****Year:** 2008**Field Note:**

2008 birth data are not available. We have estimated the same rate as that for 2007. See 2007 for the most recent actual data and see the Note for 2007 for data sources and other comments.

**2. Section Number:** Form20\_Health Status Indicator #02A**Field Name:** HSI02A**Row Name:****Column Name:****Year:** 2007**Field Note:**

Data for both the numerator and denominator are taken from MDPH Vital Records for calendar year 2007. This is the most recent year of data available. The denominator is all resident births for the year.

**3. Section Number:** Form20\_Health Status Indicator #02A**Field Name:** HSI02A**Row Name:****Column Name:****Year:** 2006**Field Note:**

Data for both the numerator and denominator are taken from MDPH Vital Records for calendar year 2006. The denominator is all resident births for the year.

**HEALTH STATUS INDICATOR MEASURE # 02B**

The percent of live singleton births weighing less than 1,500 grams.

		<b>Annual Indicator Data</b>			
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Indicator</b>	<u>1.0</u>	<u>1.0</u>	<u>0.9</u>	<u>0.9</u>	<u>0.9</u>
<b>Numerator</b>	<u>740</u>	<u>701</u>	<u>687</u>	<u>693</u>	<u></u>
<b>Denominator</b>	<u>74,677</u>	<u>73,258</u>	<u>74,146</u>	<u>74,498</u>	<u></u>
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
<b>Is the Data Provisional or Final?</b>				Final	Provisional

**Field Level Notes****1. Section Number:** Form20\_Health Status Indicator #02B**Field Name:** HSI02B**Row Name:****Column Name:****Year:** 2008**Field Note:**

2008 birth data are not available. We have estimated the same rate as that for 2007. See 2007 for the most recent actual data and see the Note for 2007 for data sources and other comments.

**2. Section Number:** Form20\_Health Status Indicator #02B**Field Name:** HSI02B**Row Name:****Column Name:****Year:** 2007**Field Note:**

Data for both the numerator and denominator are taken from MDPH Vital Records for calendar year 2007. This is the most recent year of data available. The denominator is all resident singleton births for the year.

**3. Section Number:** Form20\_Health Status Indicator #02B**Field Name:** HSI02B**Row Name:****Column Name:****Year:** 2006**Field Note:**

Data for both the numerator and denominator are taken from MDPH Vital Records for calendar year 2006. The denominator is all resident singleton births for the year.

**HEALTH STATUS INDICATOR MEASURE # 03A**

The death rate per 100,000 due to unintentional injuries among children aged 14 years and younger.

	<b>Annual Indicator Data</b>				
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Indicator</b>	<u>3.1</u>	<u>3.2</u>	<u>3.4</u>	<u>2.9</u>	<u>3</u>
<b>Numerator</b>	<u>38</u>	<u>39</u>	<u>41</u>	<u>34</u>	<u></u>
<b>Denominator</b>	<u>1,222,774</u>	<u>1,214,584</u>	<u>1,202,482</u>	<u>1,188,128</u>	<u></u>

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

**Field Level Notes**

1. **Section Number:** Form20\_Health Status Indicator #03A

**Field Name:** HSI03A

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

2008 death data are not available. We have estimated a similar rate to that for 2007. See 2007 for the most recent actual data and see the Note for 2007 for data sources and other comments.

2. **Section Number:** Form20\_Health Status Indicator #03A

**Field Name:** HSI03A

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Data on deaths are taken from MDPH Vital Records for calendar years 2005-2007. Rates are calculated as rolling 3-year averages. (I.e. the 2006 numerator is the sum of the 2005, 2006, and 2007 numbers of deaths (37, 41, and 23 respectively) and the denominator is the sum of the most recent Massachusetts population estimates for the age group for the same years, as provided by the MDPH Bureau of Health Information, Statistics, Research and Evaluation. The resulting denominators and age-specific rates may differ from those previously reported or published elsewhere.

3. **Section Number:** Form20\_Health Status Indicator #03A

**Field Name:** HSI03A

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Data on deaths are taken from MDPH Vital Records for calendar years 2004 - 2006. Rates are calculated as rolling 3-year averages. (I.e. the 2006 numerator is the sum of the 2004, 2005, and 2006 numbers of deaths (44, 37, and 41 respectively) and the denominator is the sum of the Massachusetts population estimates for the age group for the same years, as provided by the MDPH Bureau of Health Information, Statistics, Research and Evaluation. The resulting denominators and age-specific rates may differ from those previously reported or published elsewhere.

**HEALTH STATUS INDICATOR MEASURE # 03B**

The death rate per 100,000 for unintentional injuries among children aged 14 years and younger due to motor vehicle crashes.

	<b>Annual Indicator Data</b>				
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Indicator</b>	<u>1.2</u>	<u>1.3</u>	<u>1.2</u>	<u>0.8</u>	<u>1</u>
<b>Numerator</b>	<u>15</u>	<u>16</u>	<u>14</u>	<u>9</u>	
<b>Denominator</b>	<u>1,222,774</u>	<u>1,214,584</u>	<u>1,202,482</u>	<u>1,188,128</u>	

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

**Field Level Notes**

1. **Section Number:** Form20\_Health Status Indicator #03B

**Field Name:** HSI03B

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

2008 death data are not available. We have estimated a similar rate as that for 2007. See 2007 for the most recent actual data and see the Note for 2007 for data sources and other comments.

2. **Section Number:** Form20\_Health Status Indicator #03B

**Field Name:** HSI03B

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Data on deaths are taken from MDPH Vital Records for calendar years 2005 - 2007. Rates are calculated as rolling 3-year averages. (I.e. the 2006 numerator is the sum of the 2005, 2006, and 2007 numbers of deaths (10, 12, and 5 respectively) and the denominator is the sum of the most recent Massachusetts population estimates for the age group for the same years, as provided by the MDPH Bureau of Health Information, Statistics, Research and Evaluation. The resulting denominators and age-specific rates may differ from those previously reported or published elsewhere.

3. **Section Number:** Form20\_Health Status Indicator #03B

**Field Name:** HSI03B

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Data on deaths are taken from MDPH Vital Records for calendar years 2004 - 2006. Rates are calculated as rolling 3-year averages. (I.e. the 2006 numerator is the sum of the 2004, 2005, and 2006 numbers of deaths (19, 1, and 12 respectively) and the denominator is the sum of the Massachusetts population estimates for the age group for the same years, as provided by the MDPH Bureau of Health Information, Statistics, Research and Evaluation. The resulting denominators and age-specific rates may differ from those previously reported or published elsewhere.

**HEALTH STATUS INDICATOR MEASURE # 03C**

The death rate per 100,000 from unintentional injuries due to motor vehicle crashes among youth aged 15 through 24 years.

	<b>Annual Indicator Data</b>				
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Indicator</b>	15.0	13.0	13.3	14.2	14.2
<b>Numerator</b>	128	111	119	129	
<b>Denominator</b>	851,425	851,856	895,707	906,161	

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

**Field Level Notes**

1. **Section Number:** Form20\_Health Status Indicator #03C

**Field Name:** HSI03C

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

2008 death data are not available. We have estimated the same rate to that for 2007. See 2007 for the most recent actual data and see the Note for 2007 for data sources and other comments.

2. **Section Number:** Form20\_Health Status Indicator #03C

**Field Name:** HSI03C

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Data on deaths are taken from MDPH Vital Records for calendar year 2007 (the most recent year available). The 2007 denominator is from the most recent population estimates for Massachusetts, as provided by the MDPH Bureau of Health Information, Statistics, Research and Evaluation. The resulting denominator and age-specific rate may differ from those previously reported or published elsewhere.

3. **Section Number:** Form20\_Health Status Indicator #03C

**Field Name:** HSI03C

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Data on deaths are taken from MDPH Vital Records for calendar year 2006. The 2006 denominator is from population estimates for Massachusetts, as provided by the MDPH Bureau of Health Information, Statistics, Research and Evaluation. The resulting denominator and age-specific rate may differ from those previously reported or published elsewhere.

**HEALTH STATUS INDICATOR MEASURE # 04A**

The rate per 100,000 of all nonfatal injuries among children aged 14 years and younger.

		<b>Annual Indicator Data</b>			
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Indicator</b>	<u>225.2</u>	<u>212.4</u>	<u>210.0</u>	<u>215.1</u>	<u>215</u>
<b>Numerator</b>	<u>2,727</u>	<u>2,570</u>	<u>2,491</u>	<u>2,512</u>	
<b>Denominator</b>	<u>1,210,811</u>	<u>1,210,179</u>	<u>1,186,455</u>	<u>1,167,750</u>	
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
<b>Is the Data Provisional or Final?</b>				Final	Provisional

**Field Level Notes****1. Section Number:** Form20\_Health Status Indicator #04A**Field Name:** HSI04A**Row Name:****Column Name:****Year:** 2008**Field Note:**

Hospitalization data for 2008 are not yet available from the Massachusetts Uniform Hospital Discharge Data System (UHDDS), Division of Health Care Finance and Policy. We have estimated the same rate as that for 2007. See 2007 for the most recent actual data and see the Note for 2007 for data sources and other comments.

**2. Section Number:** Form20\_Health Status Indicator #04A**Field Name:** HSI04A**Row Name:****Column Name:****Year:** 2007**Field Note:**

Hospitalization data are from Massachusetts Uniform Hospital Discharge Data System (UHDDS), Division of Health Care Finance and Policy, 2007. Data are for Fiscal Years, not Calendar Years.

The 2007 denominator is from the most recent population estimates for Massachusetts, as provided in MassCHIP. The resulting denominator and age-specific rate may differ from those previously reported or published elsewhere.

**3. Section Number:** Form20\_Health Status Indicator #04A**Field Name:** HSI04A**Row Name:****Column Name:****Year:** 2006**Field Note:**

Hospitalization data are from Massachusetts Uniform Hospital Discharge Data System (UHDDS), Division of Health Care Finance and Policy, 2006. Data are for Fiscal Years, not Calendar Years.

The denominator is from population estimates for Massachusetts, as provided in MassCHIP. The resulting denominator and age-specific rate may differ from those previously reported or published elsewhere.

**HEALTH STATUS INDICATOR MEASURE # 04B**

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among children aged 14 years and younger.

	<b>Annual Indicator Data</b>				
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Indicator</b>	20.2	15.5	17.0	16.2	16
<b>Numerator</b>	244	188	202	189	
<b>Denominator</b>	1,210,811	1,210,179	1,186,455	1,167,750	

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

**Field Level Notes**

**1. Section Number:** Form20\_Health Status Indicator #04B

**Field Name:** HSI04B

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

Hospitalization data for 2008 are not yet available from the Massachusetts Uniform Hospital Discharge Data System (UHDDS), Division of Health Care Finance and Policy. We have estimated the same rate as that for 2007. See 2007 for the most recent actual data and see the Note for 2007 for data sources and other comments.

**2. Section Number:** Form20\_Health Status Indicator #04B

**Field Name:** HSI04B

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Hospitalization data are from Massachusetts Uniform Hospital Discharge Data System (UHDDS), Division of Health Care Finance and Policy, 2007. Data are for Fiscal Years, not Calendar Years.

The 2007 denominator is from the most recent population estimates for Massachusetts, as provided in MassCHIP. The resulting denominator and age-specific rate may differ from those previously reported or published elsewhere.

**3. Section Number:** Form20\_Health Status Indicator #04B

**Field Name:** HSI04B

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Hospitalization data are from Massachusetts Uniform Hospital Discharge Data System (UHDDS), Division of Health Care Finance and Policy, 2006. Data are for Fiscal Years, not Calendar Years.

The denominator is from population estimates for Massachusetts, as provided in MassCHIP. The resulting denominator and age-specific rate may differ from those previously reported or published elsewhere.

**HEALTH STATUS INDICATOR MEASURE # 04C**

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among youth aged 15 through 24 years.

	<b>Annual Indicator Data</b>				
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Indicator</b>	<u>136.2</u>	<u>123.1</u>	<u>113.3</u>	<u>108.8</u>	<u>109</u>
<b>Numerator</b>	<u>1,160</u>	<u>1,049</u>	<u>1,015</u>	<u>986</u>	
<b>Denominator</b>	<u>851,425</u>	<u>851,856</u>	<u>895,707</u>	<u>906,161</u>	

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

**Field Level Notes**

1. **Section Number:** Form20\_Health Status Indicator #04C

**Field Name:** HSI04C

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

Hospitalization data for 2008 are not yet available from the Massachusetts Uniform Hospital Discharge Data System (UHDDS), Division of Health Care Finance and Policy. We have estimated the same rate as that for 2007. See 2007 for the most recent actual data and see the Note for 2007 for data sources and other comments.

2. **Section Number:** Form20\_Health Status Indicator #04C

**Field Name:** HSI04C

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Hospitalization data are from Massachusetts Uniform Hospital Discharge Data System (UHDDS), Division of Health Care Finance and Policy, 2007. Data are for Fiscal Years, not Calendar Years.

The denominator is from the most recent population estimates for Massachusetts, as provided in MassCHIP. The resulting denominator and age-specific rate may differ from those previously reported or published elsewhere.

3. **Section Number:** Form20\_Health Status Indicator #04C

**Field Name:** HSI04C

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Hospitalization data are from Massachusetts Uniform Hospital Discharge Data System (UHDDS), Division of Health Care Finance and Policy, 2006. Data are for Fiscal Years, not Calendar Years.

The denominator is from the population estimates for Massachusetts, as provided in MassCHIP. The resulting denominator and age-specific rate may differ from those previously reported or published elsewhere.



**HEALTH STATUS INDICATOR MEASURE # 05A**

The rate per 1,000 women aged 15 through 19 years with a reported case of chlamydia.

	<b>Annual Indicator Data</b>				
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Indicator</b>	<u>17.4</u>	<u>18.3</u>	<u>17.9</u>	<u>18.3</u>	<u>18.9</u>
<b>Numerator</b>	<u>3,565</u>	<u>3,823</u>	<u>3,955</u>	<u>4,116</u>	<u>4,249</u>
<b>Denominator</b>	<u>204,745</u>	<u>208,824</u>	<u>221,338</u>	<u>224,406</u>	<u>224,406</u>

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

**Field Level Notes**

**1. Section Number:** Form20\_Health Status Indicator #05A

**Field Name:** HSI05A

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

Data sources:

Cases of chlamydia: Massachusetts Department of Public Health. Sexually Transmitted Diseases Program, 2008 (calendar year data).

The 2008 denominator is estimated to be the same as 2007 (see previous year's note). The resulting denominator and age-specific rate may differ from those previously reported or published elsewhere.

**2. Section Number:** Form20\_Health Status Indicator #05A

**Field Name:** HSI05A

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Data sources:

Cases of chlamydia: Massachusetts Department of Public Health. Sexually Transmitted Diseases Program, 2007 (calendar year data).

The 2007 denominator is from population estimates for Massachusetts, as provided by the MDPH Bureau of Health Information, Statistics, Research and Evaluation. The resulting denominator and age-specific rate may differ from those previously reported or published elsewhere.

The denominator has been updated, resulting in a revised 2007 rate.

**3. Section Number:** Form20\_Health Status Indicator #05A

**Field Name:** HSI05A

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Data sources:

Cases of chlamydia: Massachusetts Department of Public Health. Sexually Transmitted Diseases Program, 2006 (calendar year data).

The 2006 denominator is from population estimates for Massachusetts, as provided by the MDPH Bureau of Health Information, Statistics, Research and Evaluation. The resulting denominator and age-specific rate may differ from those previously reported or published elsewhere.

The numerator was updated in June 2008 with final data from the STD Program and the denominator was updated as well, resulting in a revised 2006 rate.

**HEALTH STATUS INDICATOR MEASURE # 05B**

The rate per 1,000 women aged 20 through 44 years with a reported case of chlamydia.

	<b>Annual Indicator Data</b>				
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Indicator</b>	<u>5.0</u>	<u>5.6</u>	<u>5.9</u>	<u>6.6</u>	<u>7.0</u>
<b>Numerator</b>	<u>5,912</u>	<u>6,539</u>	<u>6,759</u>	<u>7,524</u>	<u>7,927</u>
<b>Denominator</b>	<u>1,184,601</u>	<u>1,168,750</u>	<u>1,144,172</u>	<u>1,133,164</u>	<u>1,133,164</u>

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

**Field Level Notes**

1. **Section Number:** Form20\_Health Status Indicator #05B

**Field Name:** HSI05B

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

Cases of chlamydia: Massachusetts Department of Public Health. Sexually Transmitted Diseases Program, 2008 (calendar year data).

The 2008 denominator is estimated to be the same as 2007 (see previous year's note). The resulting denominator and age-specific rate may differ from those previously reported or published elsewhere.

2. **Section Number:** Form20\_Health Status Indicator #05B

**Field Name:** HSI05B

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Cases of chlamydia: Massachusetts Department of Public Health. Sexually Transmitted Diseases Program, 2007 (calendar year data).

is from the most recent population estimates for Massachusetts, as provided by the Bureau of Health Information, Statistics, Research and Evaluation. The resulting denominator and age-specific rate may differ from those previously reported or published elsewhere.

The denominator has been updated, resulting in a changed rate.

3. **Section Number:** Form20\_Health Status Indicator #05B

**Field Name:** HSI05B

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Data sources:

Cases of chlamydia: Massachusetts Department of Public Health. Sexually Transmitted Diseases Program, 2006 (calendar year data).

The 2006 denominator is from population estimates for Massachusetts, as provided by the Bureau of Health Information, Statistics, Research and Evaluation. The resulting denominator and age-specific rate may differ from those previously reported or published elsewhere.

The numerator was updated in June 2008 with final data from the STD Program and the denominator was updated as well, resulting in a revised 2006 rate.

**FORM 21**  
**HEALTH STATUS INDICATORS**  
**DEMOGRAPHIC DATA**  
**STATE: MA**

**HSI #06A - Demographics (Total Population)** *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and race. (Demographics)*

For both parts A and B: Reporting Year: 2007 Is this data from a State Projection? Yes Is this data final or provisional? Provisional

<b>CATEGORY TOTAL POPULATION BY RACE</b>	<b>Total All Races</b>	<b>White</b>	<b>Black or African American</b>	<b>American Indian or Native Alaskan</b>	<b>Asian</b>	<b>Native Hawaiian or Other Pacific Islander</b>	<b>More than one race reported</b>	<b>Other and Unknown</b>
Infants 0 to 1	75,370	53,394	6,774	179	4,837	0	0	10,186
Children 1 through 4	301,478	213,574	27,098	714	19,349	0	0	40,743
Children 5 through 9	384,722	283,543	32,130	945	21,749	0	0	46,355
Children 10 through 14	407,300	306,963	31,646	1,031	20,181	0	0	47,479
Children 15 through 19	453,947	344,734	36,186	1,329	21,860	0	0	49,838
Children 20 through 24	453,334	341,839	35,078	1,447	26,759	0	0	48,211
Children 0 through 24	2,076,151	1,544,047	168,912	5,645	114,735	0	0	242,812

**HSI #06B - Demographics (Total Population)** *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and ethnicity. (Demographics)*

<b>CATEGORY TOTAL POPULATION BY HISPANIC ETHNICITY</b>	<b>Total NOT Hispanic or Latino</b>	<b>Total Hispanic or Latino</b>	<b>Ethnicity Not Reported</b>
Infants 0 to 1	65,184	10,186	0
Children 1 through 4	260,735	40,743	0
Children 5 through 9	338,367	46,355	0
Children 10 through 14	359,821	47,479	0
Children 15 through 19	404,109	49,838	0
Children 20 through 24	404,563	48,211	0
Children 0 through 24	1,832,779	242,812	0

**FORM 21**  
**HEALTH STATUS INDICATORS**  
**DEMOGRAPHIC DATA**  
**STATE: MA**

**HSI #07A - Demographics (Total live births)** *Live births to women (of all ages) enumerated by maternal age and race. (Demographics)*

For both parts A and B: Reporting Year: 2007    Is this data from a State Projection? No    Is this data final or provisional? Provisional

<b>CATEGORY TOTAL LIVE BIRTHS BY RACE</b>	<b>Total All Races</b>	<b>White</b>	<b>Black or African American</b>	<b>American Indian or Native Alaskan</b>	<b>Asian</b>	<b>Native Hawaiian or Other Pacific Islander</b>	<b>More than one race reported</b>	<b>Other and Unknown</b>
Women < 15	49	13	11	0	4	0	0	21
Women 15 through 17	1,543	661	202	3	63	0	0	614
Women 18 through 19	3,401	1,824	435	7	116	0	0	1,019
Women 20 through 34	55,215	37,499	4,687	130	4,249	0	0	8,650
Women 35 or older	17,726	13,836	1,220	25	1,340	0	0	1,305
Women of all ages	77,934	53,833	6,555	165	5,772	0	0	11,609

**HSI #07B - Demographics (Total live births)** *Live births to women (of all ages) enumerated by maternal age and ethnicity. (Demographics)*

<b>CATEGORY TOTAL LIVE BIRTHS BY HISPANIC ETHNICITY</b>	<b>Total NOT Hispanic or Latino</b>	<b>Total Hispanic or Latino</b>	<b>Ethnicity Not Reported</b>
Women < 15	24	25	0
Women 15 through 17	885	646	12
Women 18 through 19	2,320	1,060	21
Women 20 through 34	46,300	8,040	875
Women 35 or older	16,291	1,090	345
Women of all ages	65,820	10,861	1,253

**FORM 21**  
**HEALTH STATUS INDICATORS**  
**DEMOGRAPHIC DATA**  
**STATE: MA**

**HSI #08A - Demographics (Total deaths)** Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and race. (Demographics)

For both parts A and B: Reporting Year: 2007 Is this data from a State Projection? No Is this data final or provisional? Provisional

<b>CATEGORY TOTAL DEATHS BY RACE</b>	<b>Total All Races</b>	<b>White</b>	<b>Black or African American</b>	<b>American Indian or Native Alaskan</b>	<b>Asian</b>	<b>Native Hawaiian or Other Pacific Islander</b>	<b>More than one race reported</b>	<b>Other and Unknown</b>
Infants 0 to 1	385	232	85	0	18	0	0	50
Children 1 through 4	44	31	2	0	3	0	0	8
Children 5 through 9	36	23	5	0	2	0	0	6
Children 10 through 14	48	28	11	0	3	0	0	6
Children 15 through 19	198	148	31	0	3	0	0	16
Children 20 through 24	307	230	49	0	3	0	0	25
Children 0 through 24	1,018	692	183	0	32	0	0	111

**HSI #08B - Demographics (Total deaths)** Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and ethnicity. (Demographics)

<b>CATEGORY TOTAL DEATHS BY HISPANIC ETHNICITY</b>	<b>Total NOT Hispanic or Latino</b>	<b>Total Hispanic or Latino</b>	<b>Ethnicity Not Reported</b>
Infants 0 to 1	303	82	0
Children 1 through 4	35	8	1
Children 5 through 9	30	6	0
Children 10 through 14	37	11	0
Children 15 through 19	172	26	0
Children 20 through 24	267	39	1
Children 0 through 24	844	172	2

**FORM 21**  
**HEALTH STATUS INDICATORS**  
**DEMOGRAPHIC DATA**  
**STATE: MA**

**HSI #09A - Demographics (Miscellaneous Data)** *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by race. (Demographics)*

Is this data final or provisional? Provisional

<b>CATEGORY Miscellaneous Data BY RACE</b>	<b>Total All Races</b>	<b>White</b>	<b>Black or African American</b>	<b>American Indian or Native Alaskan</b>	<b>Asian</b>	<b>Native Hawaiian or Other Pacific Islander</b>	<b>More than one race reported</b>	<b>Other and Unknown</b>	<b>Specific Reporting Year</b>
All children 0 through 19	1,621,137	1,202,208	133,834	4,198	87,976	0	0	192,921	2007
Percent in household headed by single parent	29.0	21.0	60.0	0.0	21.0	0.0	0.0	65.0	2007
Percent in TANF (Grant) families	3.9	0.0	0.0	0.0	0.0	0.0	0.0	3.9	2008
Number enrolled in Medicaid	505,517	0	0	0	0	0	0	505,517	2008
Number enrolled in SCHIP	100,853	0	0	0	0	0	0	100,853	2008
Number living in foster home care	6,632	3,017	993	7	91	0	0	2,524	2008
Number enrolled in food stamp program	192,000	0	0	0	0	0	0	192,000	2007
Number enrolled in WIC	147,170	64,835	27,484	169	8,100	0	0	46,582	2008
Rate (per 100,000) of juvenile crime arrests	79.0	0.0	0.0	0.0	0.0	0.0	0.0	79.0	2005
Percentage of high school drop-outs (grade 9 through 12)	3.4	2.2	5.8	7.3	2.0	6.7	3.5	8.3	2008

**HSI #09B - Demographics (Miscellaneous Data)** *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by ethnicity. (Demographics)*

<b>CATEGORY Miscellaneous Data BY HISPANIC ETHNICITY</b>	<b>Total NOT Hispanic or Latino</b>	<b>Total Hispanic or Latino</b>	<b>Ethnicity Not Reported</b>	<b>Specific Reporting Year</b>
All children 0 through 19	1,428,216	192,921	0	2007
Percent in household headed by single parent	0.0	65.0	0.0	2007
Percent in TANF (Grant) families	0.0	0.0	3.9	2008
Number enrolled in Medicaid	0	0	505,517	2008
Number enrolled in SCHIP	0	0	100,853	2008
Number living in foster home care	4,412	1,690	530	2008
Number enrolled in food stamp program	0	0	192,000	2007
Number enrolled in WIC	100,588	46,582	0	2008
Rate (per 100,000) of juvenile crime arrests	0.0	0.0	79.0	2005
Percentage of high school drop-outs (grade 9 through 12)	2.6	8.3	0.0	2008

**FORM 21**  
**HEALTH STATUS INDICATORS**  
**DEMOGRAPHIC DATA**  
**STATE: MA**

**HSI #10 - Demographics (Geographic Living Area)** *Geographic living area for all resident children aged 0 through 19 years old. (Demographics)*

Reporting Year: 2007    Is this data from a State Projection? No    Is this data final or provisional? Provisional

GEOGRAPHIC LIVING AREAS	TOTAL
Living in metropolitan areas	1,621,137
Living in urban areas	1,481,719
Living in rural areas	139,418
Living in frontier areas	0
<b>Total - all children 0 through 19</b>	<b>1,621,137</b>

**Note:**

The Total will be determined by adding reported numbers for urban, rural and frontier areas.

**FORM 21**  
**HEALTH STATUS INDICATORS**  
**DEMOGRAPHIC DATA**  
**STATE: MA**

**HSI #11 - Demographics (Poverty Levels)** *Percent of the State population at various levels of the federal poverty level. (Demographics)*

Reporting Year: 2007    Is this data from a State Projection? No    Is this data final or provisional? Provisional

POVERTY LEVELS	TOTAL
Total Population	6,449,755.0
Percent Below: 50% of poverty	5.0
100% of poverty	10.1
200% of poverty	24.7

**FORM 21**  
**HEALTH STATUS INDICATORS**  
**DEMOGRAPHIC DATA**  
**STATE: MA**

**HSI #12 - Demographics (Poverty Levels)** *Percent of the State population aged 0 through 19 at various levels of the federal poverty level. (Demographics)*

Reporting Year: 2007    Is this data from a State Projection? No    Is this data final or provisional? Provisional

POVERTY LEVELS	TOTAL
Children 0 through 19 years old	1,622,817.0
Percent Below: 50% of poverty	6.0
100% of poverty	13.0
200% of poverty	26.0

## FORM NOTES FOR FORM 21

None

### FIELD LEVEL NOTES

**1. Section Number:** Form21\_Indicator 06A

**Field Name:** S06\_Race\_Infants

**Row Name:** Infants 0 to 1

**Column Name:**

**Year:** 2010

**Field Note:**

Total Population, all ages:

Data Source: National Center for Health Statistics. Estimates of the 7/1/2000-7/1/2007, population from the Vintage 2007 postcensal series by year, county, age, race, and Hispanic origin, prepared under a collaborative arrangement with the U.S. Census Bureau; released August 7, 2008. As prepared and reported by the MDPH Bureau of Health Statistics, Information, Research and Evaluation.

These detailed estimates by age group and race/ethnicity do not break out the standard census age group of 0 – 4 into separate groups for infants 0 - 1 and for children 1 – 4. Since these are otherwise the only reasonably current estimates available by age and race/ethnicity, we have placed 20% of the 0 – 4 estimated numbers in the 0 – 1 row and the remaining 80% in the 1 – 4 row.

Also note that these estimates are for combined race/Hispanic ethnicity and thus the more accurate column headings are White, non-Hispanic, Black non-Hispanic, Native American, non-Hispanic, Asian non-Hispanic, and Hispanic (all counted under “Other and Unknown” in Table 06A).

**2. Section Number:** Form21\_Indicator 06B

**Field Name:** S06\_Ethnicity\_Infants

**Row Name:** Infants 0 to 1

**Column Name:**

**Year:** 2010

**Field Note:**

See Note for #06A for data source and further information.

**3. Section Number:** Form21\_Indicator 07A

**Field Name:** Race\_Women15

**Row Name:** Women < 15

**Column Name:**

**Year:** 2010

**Field Note:**

Data Source: MDPH Vital Records, Births for calendar year 2007 (the most recent year available). 2008 birth data are not yet available.

The race category labeled “Asian” also includes persons of Other Pacific Islander races. Birth certificate reporting of race does not include the category of “more than one race reported.”

The “Other” race category has a large number of women who selected Hispanic ethnicities as their race.

**4. Section Number:** Form21\_Indicator 07B

**Field Name:** Ethnicity\_Women15

**Row Name:** Women < 15

**Column Name:**

**Year:** 2010

**Field Note:**

Data Source: MDPH Vital Records, Births for calendar year 2007 (the most recent year available). 2008 birth data are not yet available.

Hispanic ethnicity is derived from the “mother’s ancestry” question on the Parent (mother) Worksheet. There is no “Hispanic” question. Therefore, the “Hispanic” category was populated by combining the count of all women who selected an Hispanic ancestry: Puerto Rican, Dominican, Mexican, Cuban, Colombian, Salvadoran, Other Central American, Other South American, and Other Hispanic. The “Non-Hispanic” group is made up of those who selected any ancestry other than the Hispanic choices. There are no women who did not report Hispanic ethnicity according to this method. The “Ethnicity not reported” group is those who did not select an Hispanic ancestry or any other of the 39 choices.

**5. Section Number:** Form21\_Indicator 08A

**Field Name:** S08\_Race\_Infants

**Row Name:** Infants 0 to 1

**Column Name:**

**Year:** 2010

**Field Note:**

Data Source: MDPH Vital Records, Deaths for calendar year 2007 (the most recent year available). Mortality data for 2008 are not yet available.

The race category labeled “Asian” also includes persons of Native Hawaiian or Other Pacific Islander races. Death certificate reporting of race does not include the category of “more than one race reported.”

The category “Other and Unknown” includes only persons who selected “Hispanic” as a race.

**6. Section Number:** Form21\_Indicator 08B

**Field Name:** S08\_Ethnicity\_Infants

**Row Name:** Infants 0 to 1

**Column Name:**

**Year:** 2010

**Field Note:**

Data Source: MDPH Vital Records, Deaths for calendar year 2007 (the most recent year available). Mortality data for 2008 are not yet available.

**7. Section Number:** Form21\_Indicator 09A

**Field Name:** HSIRace\_Children

**Row Name:** All children 0 through 19

**Column Name:**

**Year:** 2010

**Field Note:**

Data Source for All Children 0 through 19: National Center for Health Statistics. Estimates of the 7/1/2000-7/1/2007, population from the Vintage 2007 postcensal series by year, county, age, race, and Hispanic origin, prepared under a collaborative arrangement with the U.S. Census Bureau; released August 7, 2008. As prepared and reported by the MDPH Bureau of Health Statistics, Information, Research and Evaluation.

Note that these estimates are for combined race/Hispanic ethnicity and thus the more accurate column headings are White, non-Hispanic, Black non-Hispanic, Native American, non-Hispanic, Asian non-Hispanic, and Hispanic (all counted under “Other and Unknown” in Table 09A).

**8. Section Number:** Form21\_Indicator 09A

**Field Name:** HSIRace\_SingleParentPercent



**Row Name:** Percent in household headed by single parent

**Column Name:**

**Year:** 2010

**Field Note:**

Data source for % in Household headed by single parent: 2007 data. Population Reference Bureau, analysis of data from the U.S. Census Bureau, 2007 American Community Survey (ACS). As reported in Kids Count Data Center, Annie E. Casey Foundation. <http://datacenter.kidscount.org/data/bystate/>. The 2008 Kids Count report has not yet been released.

Data are reported for children under 18. Break-outs are not available by race or ethnicity.

**9. Section Number:** Form21\_Indicator 09A

**Field Name:** HSIRace\_TANFPercent

**Row Name:** Percent in TANF (Grant) families

**Column Name:**

**Year:** 2010

**Field Note:**

Data Source for % in TANF families: Administration for Children and Families; Office of Family Assistance, Data Reports. Data are for Fiscal Year 2008 (Oct. 2007 - Sept. 2008); Table: "Average Monthly Number of Recipients, Adults and Children."

([http://www.acf.hhs.gov/programs/ofa/data-reports/caseload/2008/2008\\_children\\_tan.htm](http://www.acf.hhs.gov/programs/ofa/data-reports/caseload/2008/2008_children_tan.htm))

The % calculation is based on the ACF number of child recipients (62,583) divided by the estimated 2007 child population 0 – 19 of 1,621,137 (see above). Data are not available by race or Hispanic ethnicity.

**10. Section Number:** Form21\_Indicator 09A

**Field Name:** HSIRace\_MedicaidNo

**Row Name:** Number enrolled in Medicaid

**Column Name:**

**Year:** 2010

**Field Note:**

Data Source for number enrolled in Medicaid: HHS, CMS, "FY2008 Medicaid Children Annual Enrollment Report." Data are the unduplicated number of children (defined as under age 19) ever enrolled in the Medicaid program in FY 2008, as reported by the state into the CHIP Statistical Enrollment Data System (SEDS). Data are not available by race/ethnicity. [www.cms.hhs.gov/NationalCHIPPolicy/CHIPER](http://www.cms.hhs.gov/NationalCHIPPolicy/CHIPER).

**11. Section Number:** Form21\_Indicator 09A

**Field Name:** HSIRace\_SCHIPNo

**Row Name:** Number enrolled in SCHIP

**Column Name:**

**Year:** 2010

**Field Note:**

Data Source for number enrolled in SCHIP: Federal Centers for Medicare and Medicaid Services (CMS). Federal CMS SCHIP Statistical Enrollment Data System (SEDS). FY2008 Separate Child Program Enrollment. Children enrolled through the state's Medicaid expansion options are counted in the previous row of Form 21. Data are not available by race/ethnicity. (<http://www.cms.hhs.gov/NationalSCHIPPolicy/SCHIPPolicy/downloads/FY2008StateTotalTable012309FINAL.pdf>)

**12. Section Number:** Form21\_Indicator 09A

**Field Name:** HSIRace\_FoodStampNo

**Row Name:** Number enrolled in food stamp program

**Column Name:**

**Year:** 2010

**Field Note:**

Data Source for number enrolled in food stamp program: USDA, Food and Nutrition Service, FY2007 Food Stamp Program Quality Control sample, as reported in "Characteristics of Food Stamp Households: Fiscal Year 2007, Final Report, September 2008." Table B-11. Data on child participants are not available by race or Hispanic Ethnicity. However, other 2007 data for Massachusetts participants by households report that 49.1% of SNAP households were White, 15.7% were African-American, 19.6% were Hispanic, and 13.7% were other race/ethnic origin. The distribution of child participants by race/ethnicity would be similar. ([www.fns.usda.gov/oane/menu/Published/SNAP/SNAPPARTHH.htm](http://www.fns.usda.gov/oane/menu/Published/SNAP/SNAPPARTHH.htm))

**13. Section Number:** Form21\_Indicator 09A

**Field Name:** HSIRace\_WICNo

**Row Name:** Number enrolled in WIC

**Column Name:**

**Year:** 2010

**Field Note:**

Data Source for number enrolled in WIC: Massachusetts WIC Program, MDPH. Enrollment as of 12/31/08. Note that this is lower than the total number of children who are served by WIC over the course of a year.

Data are reported by combined race/Hispanic ethnicity categories only. Therefore, the columns labeled "White," "Black," etc. are in fact reported as "White, non-Hispanic," "Black, non-Hispanic," etc. In Section 09A, Hispanics are included in the "Other and Unknown" column; they are reported separately in Section 09B. This limitation on the data means that the number of persons with known race is underreported.

**14. Section Number:** Form21\_Indicator 09A

**Field Name:** HSIRace\_JuvenileCrimeRate

**Row Name:** Rate (per 100,000) of juvenile crime arrests

**Column Name:**

**Year:** 2010

**Field Note:**

Data Source for rate (per 100,000) of juvenile crime arrests: FBI Uniform Crime Reports. As reported in Crime in the United States, Persons Arrested. (Tables 69 and 41)

The data are for 2005, the most recent available. Arrest data are for juveniles under the age of 18. The Massachusetts rate is less than half the juvenile arrest rate in the US; rates for both Massachusetts and the US decreased significantly from 1995 to 2005. Data are not available by race/ethnicity.

**15. Section Number:** Form21\_Indicator 09A

**Field Name:** HSIRace\_DropOutPercent

**Row Name:** Percentage of high school drop-outs (grade 9 through 12)

**Column Name:**

**Year:** 2010

**Field Note:**

Data Source for % of high school dropouts (grade 9 through 12): Massachusetts Department of Elementary and Secondary Education. "High School Dropouts 2007-08: Massachusetts Public Schools;" released April, 2009.

Data are reported by combined race/Hispanic ethnicity categories only. Therefore, the columns labeled "White," "Black," etc. are in fact reported as "White, non-Hispanic," "Black, non-Hispanic," etc. In Section 09A, Hispanics are included in the "Other and Unknown" column; they are reported separately in Section 09B. This limitation on the data means that the percent of persons with known race is underreported.

**16. Section Number:** Form21\_Indicator 09B

**Field Name:** HSIEthnicity\_Children

**Row Name:** All children 0 through 19

**Column Name:**

**Year:** 2010

**Field Note:**

See data source notes for corresponding 09A categories.

17. **Section Number:** Form21\_Indicator 10  
**Field Name:** Metropolitan  
**Row Name:** Living in metropolitan areas  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Data Source: U.S. Bureau of the Census. According to the most recent alignments of Standard Metropolitan Areas, all of Massachusetts is included in an SMA. Therefore we have entered the entire child population as noted in the urban/rural categories listed below.
18. **Section Number:** Form21\_Indicator 10  
**Field Name:** Urban  
**Row Name:** Living in urban areas  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
For total number of children: Data Source: National Center for Health Statistics. Estimates of the 7/1/2000-7/1/2007, population from the Vintage 2007 postcensal series by year, county, age, race, and Hispanic origin, prepared under a collaborative arrangement with the U.S. Census Bureau; released August 7, 2008. As prepared and reported by the MDPH Bureau of Health Statistics, Information, Research and Evaluation.  
  
For Urban/Rural/Frontier distribution: U.S. Census Bureau. Census 2000 Summary File (SF 4) for Massachusetts. Massachusetts has no "Frontier" areas. The "Urban" and "Rural" numbers of children are estimates that use the percentage distribution of the entire population as reported in the SF 4 file (Table PCT2) multiplied by the 2000 Census count of children in the state (91.4% and 8.6% respectively for urban and rural residents). We have no reason to believe that children are significantly more or less likely to live in rural areas than are adults. These remain the most recent comprehensive data available on living location.
19. **Section Number:** Form21\_Indicator 11  
**Field Name:** S11\_total  
**Row Name:** Total Population  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Data Source: National Center for Health Statistics. Estimates of the 7/1/2000-7/1/2007, population from the Vintage 2007 postcensal series by year, county, age, race, and Hispanic origin, prepared under a collaborative arrangement with the U.S. Census Bureau; released August 7, 2008. As prepared and reported by the MDPH Bureau of Health Statistics, Information, Research and Evaluation. These estimates are not available by poverty status.
20. **Section Number:** Form21\_Indicator 12  
**Field Name:** S12\_Children  
**Row Name:** Children 0 through 19 years old  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Data Source: The most recent 2007 population estimates for Massachusetts by age, as provided by the MDPH Bureau of Health Information, Statistics, Research and Evaluation. These updated population estimates are not available by poverty level.  
The ages reported here are 0 – 19.
21. **Section Number:** Form21\_Indicator 09A  
**Field Name:** HSIRace\_FosterCare  
**Row Name:** Number living in foster home care  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Data Source for number living in foster home care: Massachusetts Department of Social Services, 2008, as available in MassCHIP. Data are a snapshot for Calendar Year 2008.